

Housing Authority of Champaign County

Moving to Work



Year 3

Annual Report

January 1, 2013 - December 31, 2013

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INTRODUCTION

Overview of HACC's Goals and Objectives - The Housing Authority of Champaign County has three goals that drive its Moving to Work Program and related activities.

Goal 1 **Operational Efficiency through Innovation**

Streamline business processes and implement advanced technological solutions that will result in operational cost efficiencies and enable reallocation of resources to local initiatives and strategies.

Objectives:

- a. Reduce current workloads of staff by simplifying routine transactional processes.
- b. Implement additional technology to ease administrative burden and reduce paperwork for standard operations.
- c. Utilize cost savings to support new initiatives designed under this plan.

MTW Activities:

2011-1	Local Investment Policies
2011-2	Biennial Re-certifications
2013-1	Rightsizing Vouchers

Progress - HACC has successfully implemented two of the activities: Local Investment Policies and Biennial Recertifications. Implementation of these activities has resulted in operational efficiencies. Implementation of Right-sizing Vouchers commenced during 2013 but implementation is scheduled for completion during 2014.

The cost savings from operational efficiencies resulting from the fully implemented activities has been re-invested in case management services to assist HACC clients in their achievement of self- sufficiency goals.

Goal 2 **Self-Sufficiency**

Provide alternate incentives designed to motivate families to actively seek financial independence and transition from dependency on housing subsidy. Carefully measure success of each incentive to identify and replicate the greatest motivators.

Objectives:

- a. Engage families in self-improvement activities designed to meet their individual needs and goals.
- b. Adopt policies that mandate personal accountability and financial responsibility.
- c. Assess results and adjust incentives to provide continued motivation.

MTW Activities:

2011-3	Local Self-Sufficiency Program
2011-4	Tiered Flat Rents

Progress - These activities have been successfully implemented with all affected households having developed a self-sufficiency plan and executed a contract during 2013. HACC is pleased to report that 100% of all required households voluntarily met the requirements of the mandatory self-sufficiency program and no households were terminated for non-compliance. All existing residents and participants were transitioned to tiered flat rents and tenant rent for all newly housed families were established based on the tiered flat rents.

These activities were designed to mandate personal accountability and financial responsibility and have resulted in movement towards accomplishment of this goal.

Goal 3 ***Expand Housing Opportunities through Repositioned Assets***

Maximize HACC's economic viability and sustainability through repositioning the current real estate portfolio and development of new affordable housing opportunities to meet the broad spectrum of low and moderate income residents of Champaign County.

Objectives:

- a. Increase the number of "hard" units with HACC ownership that provide direct subsidy to the lowest income tenants.
- b. Create opportunities for additional development of "hard" units through public and private partnerships.
- c. Maximize income and extend viability of existing designated public housing sites through conversion to alternate subsidy.
- d. Develop homeownership opportunities relevant to today's real estate market.

MTW Activities:

2011-5	Modified Definition of Elderly
2011-6	Local Homeownership Program
2011-7	Local Project Based Voucher Program
2012-1	Local Payment Standards
2012-2	Acquisition without Prior HUD Approval)
2012-3	Non-Traditional Use of Funds

Progress - Three of the above activities: Local Project Based Voucher Program, Acquisition without Prior HUD Approval; and, Non-Traditional Use of Funds resulted in a newly built affordable housing community on the former Dunbar public housing site. Hamilton on the Park was opened in October 2013 and provides 32 new housing units for families and 4 units of permanent supportive housing for individuals with disabilities.

The Modified Definition of Elderly activity continued to expand housing options for able-bodied individuals age 55 and older. These activities contributed significantly towards accomplishment of this goal.

The Local Homeownership Program was redesigned in partnership with Habitat for Humanity and will be implemented in 2014. An intensive market study was conducted for the Local Payment Standards activity to determine the sub-markets within Champaign County and the rent analysis within each sub-market was completed. This activity will also be implemented in 2014.

II. GENERAL HOUSING AUTHORITY OPERATING INFORMATION

Project Based Vouchers – Information in the charts and narrative below provide a summary of the activity related to the Local Project Based Voucher Program that was accomplished or delayed in 2013.

Annual MTW Report			
II.4.Report.HousingStock			
A. MTW Report: Housing Stock Information			
New Housing Choice Vouchers that were Project-Based During the Fiscal Year			
Property Name	Anticipated Number of New Vouchers to be Project-Based *	Actual Number of New Vouchers that were Project-Based	Description of Project
Hamilton on the Park	36	36	This project is the redevelopment of the former Dunbar public housing site. Low Income Housing Tax Credits were received in February 2012 and construction was completed in October 2013. All units were fully leased by December 2013.
Urban Park Place	6	0	Urban Park Place is a twenty four unit existing apartment complex located in the City of Champaign. HACC is acquiring the property from the Illinois Housing Development Authority (IHDA) and will provide project based vouchers.

Hamilton on the Park is the redevelopment of the former Dunbar Court public housing community and consists of 36 units; 4 one bedroom units; twelve two bedroom units; and, twenty three bedroom units. Project Based Vouchers were provided for all units to meet HACC's goal to assure that newly developed replacement housing maintains an affordability level equivalent to that of the former public housing units.



In partnership with Champaign County Developmental Services Center (DSC) four units are designated as Permanent Supportive Housing units. DSC provides ongoing case management services to the individuals with developmental disabilities residing in these units.



The total development costs of the project were \$7,257,400; Low Income Housing Tax Credit equity of \$5,961,993; a conventional first mortgage in the amount of \$500,000; and an MTW Block Grant secondary loan in the amount of \$725,000. Construction was completed in October 2013 and all units were occupied by December 31, 2013.

Anticipated Total Number of New Vouchers to be Project-Based *	Actual Total Number of New Vouchers that were Project-Based	Anticipated Total Number of Project-Based Vouchers Committed at the End of the Fiscal Year *	Anticipated Total Number of Project-Based Vouchers Leased Up or Issued to a Potential Tenant at the End of the Fiscal Year *
42	36	233	36
		Actual Total Number of Project-Based Vouchers Committed at the End of the Fiscal Year	Actual Total Number of Project-Based Vouchers Leased Up or Issued to a Potential Tenant at the End of the Fiscal Year
		242	36

Variance in Project Based Vouchers – The difference between the anticipated and new vouchers to be project based and the actual number that were project based is attributed to Urban Park Place which did not reach a financial closing in 2013. The variance in the anticipated versus actual vouchers committed is also related to Urban Park Place as described below.

Urban Park Place is a twenty four unit existing apartment complex located in the City of Champaign. HACC is acquiring the property from the Illinois Housing Development Authority (IHDA). HACC received HUD approval of the mixed finance proposal on April 20, 2012 and was scheduled to close on the project. When conducting an inspection prior to execution of closing documents, the Authority found extensive mold damage as the result of water infiltration. As a result of these findings, the acquisition of the property was delayed.



In February 2013 HACC was successful in securing a \$1.3 million Permanent Supportive Housing grant from the Illinois Housing Authority's Build Illinois Bond Program to complete the rehabilitation of Urban Park Place. However, environmental issues and the extreme winter weather conditions made it impossible to close this project in 2013. As of the date of this report, it is anticipated that a closing will occur in April 2014. The rehabilitation construction work will commence immediately upon closing and is anticipated to be completed by calendar year end.

Initially 6 project based vouchers were expected to be utilized at Urban Park Place. However, HACC will be submitting an amended 2014 MTW Annual Plan which will request HUD approval for a new MTW Activity to serve homeless families. HACC will partner with the Champaign County Homeless Coalition and United Way to provide emergency shelter units for families with children in one building at Urban Park Place. The revised financing structure and the proposed re-use of the property resulted in an increased commitment of Project Based Voucher from 6 to 15.

The balance of Project Base Vouchers committed at the beginning of the year (227) remains committed to the Providence new construction project.

Providence is a development to be located on two separate sites. **Providence at Sycamore Hills** is the redevelopment of the former Dorsey public housing site and will consist of 92 townhome units. All units at Sycamore Hills will be project based vouchers to assure affordability to the previous public housing residents who have first right of return. **Providence at Thornberry** is the development of a newly acquired site in a middle income neighborhood in Champaign designed to expand deconcentration efforts for low income households. This site will include 135 project based vouchers and 25 market rate units. In 2013 HACC completed the acquisition of the Thornberry site and secured financing commitments from the Illinois Housing Development Authority (IHDA) for tax exempt bonds and 4% Low Income Housing Tax Credits. The project is scheduled to close in May 2014.

Traditional Public Housing Portfolio – The chart below summarizes the remaining traditional public housing stock in HACC’s portfolio. There were no changes to any of these properties in 2013.

Table 1 HACC Public Housing Communities

PUBLIC HOUSING UNITS AS OF DECEMBER 31, 2012									
Project	Name	Type	Total Units	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
IL06-06	Columbia Place	Elderly/Disabled	16	0	16	0	0	0	0
IL06-07	Skelton Place	Elderly/Disabled	84	14	68	2	0	0	0
IL06-08	Youman Place	Elderly	20	0	20	0	0	0	0
IL06-09	Scattered Sites	Family	16	0	0	0	0	0	16
IL06-12	Steer Place	Elderly	108	0	107	1	0	0	0
IL06-13	Washington Sq.	Elderly	104	0	103	1	0	0	0
IL06-17	Hayes Homes	Elderly/Disabled	6	0	6	0	0	0	0
TOTAL PUBLIC HOUSING UNITS			354	14	320	4	0	0	16
SUMMARY OF PUBLIC HOUSING UNIT TYPES									
Total Family Units			16	0	0	0	0	0	16
Total Elderly/Disabled Mixed Units			106	14	90	2	0	0	0
Total Elderly Only Units			232	0	230	2	0	0	0
TOTAL ALL UNITS			354	14	320	4	0	0	16

Major Capital Expenditures – There were three major capital projects completed in 2013. Two of these project included improvements at the traditional public housing communities as described below. The third project, demolition of a single family home on Eads Street was completed to widen and enhance the entrance of Hamilton on the Park.

General Description of Actual Capital Fund Expenditures During the Plan Year
<p>Actual capital expenditures during 2013 included the following:</p> <ol style="list-style-type: none"> 1. Security systems at Columbia Place; Steer Place; Washington Square and Skelton Place. The security systems include cameras with admissable digital recording and on-line monitoring capability. Total Cost \$130,377. 2. Installation of central air, replacement of HVAC and domestic hot water units at Columbia and Youman Place. Total Cost: \$172,127. 3. Demolition of 1408 Eads Street to enhance Hamilton on the Park, the new development of the former Dorsey public housing

Other Housing Owned/Managed by HACC – In addition to the housing stock described above, HACC owns the Oakwood Trace Apartment complex in the City of Champaign.

Overview of Other Housing Owned and/or Managed by the PHA at Fiscal Year End		
Housing Program *	Total Units	Overview of the Program
LIHTC	50	Oakwood Trace is a 50 unit LIHTC property owned by an HACC affiliate located in the City of Champaign.
Total Other Housing Owned and/or Managed	50	
<p>* Select Housing Program from: Tax-Credit, State Funded, Locally Funded, Market-Rate, Non-MTW HUD Funded, Managing Developments for other non-MTW Public Housing Authorities, or Other.</p> <p>If Other, please describe: None</p>		

Statutory Objectives – The Moving to Work Agreement includes two statutory objectives regarding households served under the MTW Program:

At least 75% of the families assisted by HACC must be very low income (<50% of AMI). HUD verifies this information based on the information submitted throughout the fiscal year to the Public Housing Information Center (PIC) utilizing current resident data at the end of the calendar year.

HACC must maintain a comparable mix of families (by family size) as would have been served had HACC not been participating in the MTW Program.

The information reported in the charts below provides an analysis of the baseline households served by family size and the families served throughout 2013 by family size. The baseline data is as of October 2011 when HACC executed the initial MTW Agreement.

B. MTW Report: Leasing Information

Actual Number of Households Served at the End of the Fiscal Year

BASELINE FOR MIX OF FAMILIES SERVED – OCTOBER 2011

Baseline for the Mix of Family Sizes Served					
Family Size:	Occupied Number of Public Housing units by Household Size when PHA Entered MTW	Utilized Number of Section 8 Vouchers by Household Size when PHA Entered MTW	Non-MTW Adjustments to the Distribution of Household Sizes *	Baseline Number of Household Sizes to be Maintained	Baseline Percentages of Family Sizes to be Maintained
1 Person	327	263	0	590	35.2%
2 Person	39	232	0	271	16.2%
3 Person	15	292	0	307	18.3%
4 Person	23	229	0	252	15.1%
5 Person	14	145	0	159	9.5%
6+ Person	12	83	0	95	5.7%
Totals	430	1244	0	1674	100.0%

MIX OF FAMILIES SERVICED DURING THE 2013 CALENDAR YEAR

Mix of Family Sizes Served							
	1 Person	2 Person	3 Person	4 Person	5 Person	6+ Person	Totals
Baseline % of Household Sizes to be Maintained	35.2%	16.2%	18.3%	15.1%	9.5%	5.7%	100.0%
Number of Households Served by Family Size this Year	602	271	317	248	130	120	1688
Percentages of Households Served by Household Size this Fiscal Year	35.7%	16.1%	18.8%	14.7%	7.7%	7.1%	100.0%
Percentage Change	1%	-1%	-1%	-2%	-19%	25%	0

Note: Families served this year includes 73 families that were served in 2013 but subsequently ended their participation (EOP'd) either voluntarily or involuntarily.

Variations in Families Served – As noted above, changes in households with 1 to 4 members have remained relatively constant with minimal variation since 2011. However, changes in household size from five persons to six persons changed more dramatically. In analyzing the cause for this change HACC found that it was simply attributed to additions in family members through partnerships; marriage; birth; and adoption or foster care.

Leasing Issues – There were no significant issues related to leasing during 2013. However, it should be noted that HACC intentionally limited voucher utilization during 2013 to assure adequate funding for Project Based Voucher Commitments discussed above.

The chart below summarizes the actual voucher utilization during 2013 and the projected utilization for 2014 and 2015. The projections are based on PBV units which were leased in December 2013 and/or are committed to projects that will commence construction in 2014 and be fully leased by 2015. In addition to the increase in utilization projected for Project Based Vouchers, HACC projects that it will issue vouchers to wait list applicants resulting in an additional 360 unit months in 2014 attributable to an increase in tenant based vouchers.

Table 2 HCV Utilization

HACC VOUCHER UTILIZATION			
	2013 ACTUAL	2014 PROJECTED	2015 PROJECTED
UNIT MONTHS AVAILABLE (1,798 MTW Vouchers)	21,576	21,576	21,576
UNIT MONTHS LEASED	17,570	17,606	17,606
NEW TENANT BASED VOUCHER UNIT MONTHS	0	360	0
PROJECT BASED VOUCHER UNIT MONTHS	36	522	2,874
TOTAL UNITS MONTHS LEASED	17,606	18,488	20,480
PERCENT UNITS LEASED	81%	86%	95%
BUDGET AUTHORITY AVAILABLE	\$11,767,092	\$12,602,080	\$13,437,068
BUDGET AUTHORITY UTILIZED	\$10,362,130	\$11,285,445	\$12,949,161
PERCENT OF BA UTILIZED	88%	90%	96%
PER UNIT COST	\$588.56	\$610.42	\$632.28
CURRENT PROJECT BASED VOUCHER COMMITMENTS			
NEW PBV UNITS LEASED	36	15	227
UNIT MONTH LEASED IN FIRST YEAR	36	90	1362
INCREASED ANNUAL UNIT MONTHS	36	522	2874
PBV UNITS COMMITTED NOT LEASED	233	227	

Wait List Information – The chart below provides a snap shot of applicants on each of the program waiting lists as of December 31, 2013. The only wait list that has remained open is for 1 bedroom units in the traditional public housing program.

C. MTW Report: Wait List Information				
Wait List Information at Fiscal Year End				
Housing Program(s) *	Wait List Type **	Number of Households on Wait List	Wait List Open, Partially Open or Closed ***	Was the Wait List Opened During the Fiscal Year
Federal MTW Public Housing Units	Site-Based	157	Partially Open	Yes
Federal MTW Housing Choice Voucher Tenant Based Program	Community Wide	262	Closed	No
Local MTW Housing Choice Voucher Project Based Program	Site-Based	196	Closed	Yes

III. REQUIRED ELEMENTS FOR PROPOSED ACTIVITIES

All proposed activities that are granted approval by HUD are reported on in Section IV as “Approved Activities”.

IV. APPROVED MTW ACTIVITIES: HUD APPROVAL PREVIOUSLY GRANTED

ACTIVITIES IMPLEMENTED

Summary – The chart below summarizes the implemented and ongoing activities continued from prior years that are actively utilizing the MTW flexibility from HACC’s MTW Agreement.

Table 3 Approved MTW Activities

PLAN YEAR	NAME OF ACTIVITY	IMPLEMENTATION DATE
2011-1	Local Investment Policies	March 2011
2011-2	Biennial Recertifications	March 2011
2011-3	Local Self-Sufficiency Program	November 2012
2011-4	Tiered Flat Rents	January 2012
2011-5	Modified Definition of Elderly	March 2011
2011-7	Local Project Based Voucher Program	October 2010
2012-2	Acquisition without HUD Approval	January 2012
2012-3	Non-Traditional Use of Funds	October 2012
2013-1	Rightsizing Vouchers	June 2013

Activity 2011-1 Local Investment Policies

Description - This activity was approved and implemented in Year 1 (2011). HACC adopted investment policies consistent with Illinois Public Funds Investment Act (30ILCS235) to the extent such policies are in compliance with applicable OMB circulars and other federal laws. HACC invested in securities authorized under state law that allowed the flexibility to invest productively, efficiently and securely.

Outcome – The HUD standard metrics table below summarizes the outcome of this activity.

ACTIVITY 2011-1 LOCAL INVESTMENT POLICIES				
CE #4: Increase in Resources Leveraged				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Amount of annual earnings from investments	Annual investment earnings prior to implementation: \$46,500	Amount of earnings after implementation adjusted for variance in total cash invested.	Annual investment earnings after implementation \$65,246	YES

To compare the actual outcome of this activity, the average funds during 2013 must be adjusted to the equivalent of the average annual funds invested for the baseline period. The baseline funds invested are the equivalent of 72% of the 2013 funds invested; thus, we have used 72% of the 2013 investment earnings to compare with the baseline investment earnings. The chart below illustrates the 2013 investment earnings adjusted for the average amount of funds invested.

Table 4 Local Investment Earnings

LOCAL INVESTMENT POLICIES - ADJUSTED EARNINGS		
TIME PERIOD	AVERAGE FUNDS INVESTED	INVESTMENT EARNINGS
Baseline Investment Results (2010)	\$3,184,915	\$46,500
Investment Results 2013	\$4,411,764	\$90,380
Increased Investment in Earnings	\$1,226,849	\$43,880
2013 Funds Invested Adjusted to Equivalent of Baseline Funds		72%
2013 Earnings Adjusted to 72%		\$65,246.60
Adjusted Increase in Earnings		\$18,746.60

Impact – The impact of this activity has been the ability to generate additional revenue that could not have been generated without the MTW authorization to implement local investment policies. The increased revenue in 2013 is 40% greater than what the same funds would have earned without the MTW authority. These additional investment earnings make a contribution, albeit a small one, towards the loss of revenue resulting from continued decreases in funding levels.

Benchmarks, Metrics and Data Collection - The benchmark has been met each year since implementation. We do not anticipate any changes in the benchmark, metrics or data collection methods for this activity.

Activity 2011-2 Biennial Re-certifications

Description – This activity was approved and implemented in Year 1 (2011). HACC conducts biennial re-certifications for households with fixed incomes in both the Public Housing and Housing Choice Voucher programs.

Outcome – The HUD standard metrics table below summarizes the outcomes of this activity. Biennial re-certifications resulted in a cost savings of \$24,570 and decreased staff time of 1,170 hours.

ACTIVITY 2011-2 BIENNIAL RECERTIFICATIONS				
CE #1: Agency Cost Savings				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Total cost of annual re-certifications in dollars (decrease).	Annual Cost prior to implementation: \$52,017.00	Cost of annual re-certifications after implementation of Biennial Re-certifications.	Annual Cost after implementation: \$27,447.00	YES
CE #2: Staff Time Savings				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Annual staff hours to conduct annual re-certifications	Total Hours prior to implementation: 2,477	Hours dedicated to annual re-certifications after implementation of Biennial Re-certifications.	Total Hours after implementation: 1,307	YES

The chart below provides the details of the savings realized through biennial re-certifications for households with fixed incomes.

Table 5 Biennial Re-certifications Hour and Cost Savings

BIENNIAL RECERTIFICATIONS	PUBLIC HOUSING PROGRAM		HOUSING CHOICE VOUCHER PROGRAM	
	BASELINE	2013	BASELINE	2013
Total Number of Fixed Income HHs	331	332	371	390
Number of Fixed Income HHs Recertified	331	201	371	176
Percent of Fixed Income HHs Recertified	100%	61%	100%	47%
Average Hours to Complete Recertification	3	3	4	4
Total Staff Hours to Complete Recertifications	993	603	1,484	704
HOURS AND COSTS	Prior to Implementation		After Implementation	
Total Staff Hours	2,477		1,307	
Total Costs (\$21.00 / hour)	\$52,017		\$27,447	

Impact – The impact of this activity has been the time and dollars saved as the result of reducing the number of required annual re-certifications. Without the MTW authorization to change rent policies, this savings would not have been possible. These savings help compensate for the loss of revenue resulting from continued decreases in funding levels and have been redirected to the cost of case management to support the Local Self-Sufficiency Program.

Rent Reform Initiative – This activity represents a rent reform initiative. Residents were informed of the opportunity to request a hardship but no requests were received as a result of this activity.

Benchmarks, Metrics and Data Collection - The benchmark has been met each year since implementation. We do not anticipate any changes in the benchmark, metrics or data collection methods for this activity.

Activity 2011-3 Local Self-Sufficiency Program

Description – This activity was approved in the Year 1 (2011) Plan but was not implemented until January 1, 2013. Community leadership, stakeholders and residents expressed great concern that compliance with employment requirements would be difficult to meet based on current economic conditions, limitation of available jobs and limitation of transportation. In response to these concerns, HACC developed a new strategy to enable individuals' ample time to prepare for employment.

HACC defines self-sufficiency as *“demonstrated behavior that exhibits personal accountability and financial responsibility demonstrated through consistent (more than 12 months) employment appropriate to the maximum skill level achievable by the individual”*.

Effective January 1, 2013, participation in a self-sufficiency program is a condition of eligibility for new admissions and a condition of continued occupancy for existing residents and participants. All abled bodied individuals age 18 through 54 are required to actively pursue activities to achieve economic self-sufficiency. Family members ages 5 through 18 are required to be enrolled and attend school; or, for age appropriate dependents, meet employment requirements.

Households in which all members ages 18 through 54 have been employed 20 hours per week for a minimum of 12 months are exempt from the Mandatory LSS Program. All elderly and disabled individuals are exempt from the Mandatory LSS Program and all corresponding employment requirements.

After the effective date of this activity, eligibility for new admissions for both public housing and the housing choice voucher program includes a requirement that one member of the household must be employed 20 hours per week or meet the criteria for exemption from this requirement. All other household members must be enrolled in the mandatory self-sufficiency plan as described above. Residents in occupancy as of the effective date of implementation of this activity shall comply as follows:

- **First Recertification** – development of a self-sufficiency plan as described above.
- **Second Re-certification** – one adult member must be employed 20 hours per week; or, enrolled on a full time basis as defined by the institution in a training or educational program that offers a certificate or degree;
- **Fourth Re-certification** – one adult member must be employed 20 hours per week; and, all other adult members must be employed 20 hours per week or enrolled on a full time basis as defined by the institution in a training or educational program that offers a certificate of degree;
- **Sixth Re-certification** – all adult members must be employed 20 hours per week.

Outcome - The HUD standard metrics table below summarizes the outcomes of this activity. To enable execution of revised Public Housing Lease Agreements and HCV Statements of Family Obligations inclusive of the self-sufficiency requirements, this activity was not implemented for existing tenants and participants until July 1, 2013. The data contained in the outcome chart represents the results of this activity for only six months of 2013.

ACTIVITY 2011-3 LOCAL SELF-SUFFICIENCY PROGRAM				
SS #1: Increase in Household Income				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Average annual earned income of households in the self-sufficiency program.	Average earned income of affected household prior to implementation: \$6,045	Expected average earned income of households affected by self-sufficiency prior to implementation of the activity.	Average earned income of households after implementation: \$15,746	YES
SS #5: Households Assisted by Services that Increase Self Sufficiency				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Number of households receiving services in the self-sufficiency program.	Number of households receiving services prior to implementation: 0	Expected number of households receiving self-sufficiency services after implementation of the activity.	Number of households receiving services after implementation: 648	YES
SS #8: Households Transitioned to Self Sufficiency				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Number of households that transitioned to self-sufficiency.	Number of self-sufficient households prior to implementation: 0	Households transitioned to self-sufficiency (HACC definition) after implementation.	Number of self-sufficient households after implementation: 19	YES

As noted in the description above, this activity requires compliance by all individuals age 18 through 54. Thus, HACC is tracking this activity by individuals and by households. The chart below identifies all individuals as well as households that participated in the LSS Program in 2013.

Table 6 LSS Target Households

SELF-SUFFICIENCY PLAN STATUS	HH	INDIVIDUALS
TOTAL HOUSEHOLDS	1615	4376
EXEMPT	407	2747
TARGET POPULATION	1208	1629
EXECUTED LSS PLAN IN 2013	648	771
Balance to Execute Plans in 2014	560	858

Of the total 1,615 households served as of July 31, 2013, 407 households are fully exempt (all adult members are elderly, disabled or have been employed 20 hours or more per week for over 12 months). Of the remaining 1,208 households, 648 executed self-sufficiency plans as of December 31, 2013.

The chart below provides a summary of employment levels of the households that executed a self-sufficiency plan in 2013.

Table 7 LSS Employment Data

LOCAL SELF-SUFFICIENCY EMPLOYMENT DATA	HH	INDIVIDUALS	AV. EARNED INCOME
Employment	271	377	
Self-Sufficient (20 hrs.>12 months)	19	19	\$18,962
Compliant (20 hrs.<12 months)	17	17	\$15,746
Employed Non-Compliant (<20 hrs.)	77	77	\$6,045
No Employment	264	281	\$0
TOTAL	648	771	

Of the 648 households that executed a plan, 19 subsequently became self-sufficient: there was only one target adult member and that individual reach 12 months of employment after execution of their plan and prior to December 31, 2013. These households had an average annual earned income of \$18,962.00

An additional seventeen households with single adult members were fully compliant: employed more than 20 hours per week but as of December 31, 2014 had not been employed for a continuous 12 month period. These households had an average annual earned income of \$15,746.

An additional group of 77 households with a single adult member secured employment since execution of their self-sufficiency plan but were not working 20 hours or more per week as of December 31, 2013. These households had an average annual earned income of \$6,045.

The remaining 264 households that executed self-sufficiency plans did not secure employment but enrolled or received other support services as detailed in the chart below.

Table 8 LSS Service Data

SELF-SUFFICIENCY SERVICES	HH	INDIVIDUALS
Education	110	119
Health	57	57
Job Training	34	37
Counseling	14	14
Other	49	54
TOTAL	264	281

Health services include individuals reporting an inability to work due to a health related issue that has not been professionally diagnosed or documented. Education includes literacy, GED and post-secondary degree seeking individuals.

Impact - The impact of this activity has been the ability to motivate families to actively develop a path towards economic self-sufficiency that will result decrease dependency on housing subsidy. The MTW authorization enables the implementation of the a mandatory self-sufficiency requirement that will lead to eventual employment for all able-bodied individuals, increase tenant contribution towards rent, reduce subsidy payments and allow HACC to assist additional families.

Rent Reform Initiative – This activity represents a rent reform initiative. Residents were informed of the opportunity to request a hardship but no requests were received as a result of this activity.

Benchmarks, Metrics and Data Collection - The benchmarks measured in 2013 represent only 54% of the total target households under this activity. The average earned income represents only 1% of the households that will eventually be required to meet employment obligations. We anticipate that the average earned income of all target households will be significantly lower than the first 1%.

We do not anticipate any changes in the benchmark, metrics or data collection methods for this activity.

Activity 2011- 4 Tiered Flat Rents

Description – This activity was approved in Year 1 (2011) but was not implemented until January 1, 2012. A tiered flat rent schedule was developed based on income ranges established in increments of 5% of the Area Median Income (AMI). The applicable flat rent for an assisted household is the corresponding rent for the range in which the gross annual income of the household falls. The flat rent is the amount that the tenant will pay towards rent. Utility allowances are eliminated.

Separate flat rent schedules are established for the Public Housing and the Housing Choice Voucher Programs. In the Public Housing Program, different flat rent schedules are established based on the utilities paid by the tenant at the applicable property. In the Housing Choice Voucher Program, two flat rent schedules are established: one schedule represents units in which the participant is responsible for payment of heat; the second schedule represents the flat rent for units in which the costs of heat are included in the Rent to Owner.

The flat rent schedule is based on the gross annual income of the household with no further deductions or allowances. Gross annual income is calculated pursuant to the HUD regulatory requirements. However, employment income for dependents shall be included in total household income if they are not also pursuing a training certification or education degree. Current income exclusions as defined by HUD will continue to apply.

Households with gross annual income less than 5% of the Area Median Income (AMI) shall pay a minimum rent based on bedroom size of the assisted housing unit. In the public housing program the assisted housing unit is the public housing unit in which the household resides regardless of family size. In the Housing Choice Voucher Program, the minimum rent shall be based on the actual size of the unit selected, not the size of the voucher. The minimum rent by bedroom size is the amount of tenant rent to be paid to HACC by Public Housing residents and to the landlord by Housing Choice Voucher participants. There is no utility allowance applied to the minimum rent.

To ensure affordability for participants of the Housing Choice Voucher Program, the tenant rent is capped at the flat rent amount. Units for which the reasonable rent requires the participant to pay more than the established flat rent for their income level, will not be approved by HACC.

Outcome - The HUD standard metrics table below summarizes the outcomes of this activity. Tiered flat rents were effective for all new admission as of the implementation effective date but were phased in over a two year period for existing tenants and participants.

ACTIVITY 2011-4 TIERED FLAT RENTS				
SS #1: Increase in Household Income				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Average annual earned income of households in the self-sufficiency program.	Average earned income of affected household prior to implementation: \$13,186	Expected average earned income of households affected by self-sufficiency prior to implementation of the activity.	Average earned income of households after implementation: \$16,691	YES

The two year phase-in process for existing tenants and participants consists of a comparison of tenant rent based on two calculation methodologies: The HUD regulatory methodology and the tiered flat rent methodology. The tenant rent charged at the first annual re-certification was the greater of: 50% of the Tiered Flat Rent; or, 100% of the tenant rent based on the HUD regulatory calculation requirements. At the time of the second annual recertification after the effective date of this activity all rents will be based on the flat tiered rent schedule.

The results of the two year phase-in for existing tenants and participants were that the HUD regulatory methodology always resulted in the greater tenant rent. Therefore, the outcome data above only reflects new admissions during 2013 and does not include any existing tenants or participants.

Impact – Since the data is limited only to new admissions, we do not yet know the impact of this activity. However, in further analysis we have realized that this activity will have minimal, if any, impact on earned income. Our Local Self-Sufficiency Program will have far greater impact on increases in earned income, making the ability to measure any impact of this activity on earned income increasing more difficult.

Benchmarks, Metrics and Data Collection – Based on the analysis of the impact above, we have determined that this activity is more appropriately measured in terms of cost effectiveness. Tiered Flat Rents is a rent simplification strategy that will result in staff time savings and agency cost savings. Therefore, we will be revising the benchmarks, metrics and data collection for this activity.

We will utilize the HUD standard metrics CE#1: Agency Cost Savings and CE#2: Staff Time Savings. Data collection methods will include a baseline time study of average minutes to calculate rents based on HUD regulatory methods and a time study during 2014 to determine minutes to calculate rent based on HACC's Flat Tiered Rent methodology.

Cost savings will be calculated based on the average total compensation labor rate of employees responsible for rent calculation tasks. The new metrics and data collection methodology will be employed in 2014.

Activity 2011-5 Modified Definition of Elderly

Description - This activity was approved and implemented in Year 1 (2011). HACC adopted a modified definition of elderly to include households in which all household members were age 55 or older.

Outcomes – The HUD standard metrics table below summarizes the outcomes of this activity. This activity does not measure “hard units” of housing preserved; it measures the number of units occupied by individuals under the modified definition of elderly.

ACTIVITY 2011-5 MODIFIED DEFINITION OF ELDERLY				
HC #2: Units of Housing Preserved				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Number of housing units occupied by elderly households at or below 80% of AMI that would otherwise not be available for occupancy.	Housing Units occupied by elderly (55-61) prior to implementation: 81	Housing Units preserved for occupancy by elderly households after implementation.	Housing Units occupied by elderly (55-61) after implementation: 125	YES

Impact – Preservation of housing units is defined in this activity as the number of able bodied individuals age 55 to 61 that were housed in available senior housing that would not have been available without the MTW authorization. The impact of this activity is the expansion of housing choice for a select group of individuals to which HACC previously had limited housing options. It also enables current over-housed assisted families to “age-in” to certain properties sooner, thus making available more units to families.

Benchmark, Metrics and Data Collection - The benchmark of this activity at inception was to expand housing choice for a select group of households. We are not sure how well this activity “preserves housing units” and will seek additional guidance from HUD on changes in the benchmark, metrics and data collection for this activity in 2014.

Activity 2011-7 Local Project Based Voucher Program

Definition – This activity was approved and implemented in Year 1 (2011). HACC established a local Project Based Voucher Program to assist in repositioning its real estate portfolio and to expand the availability of new high quality affordable housing units for voucher families. Key components of the Local PBV Program include optional longer term HAP contracts; administration by the applicable management company for the site, of all program activities including wait list management, leasing and re-certification transactions ; and limitation of voucher conversion to tenant based subsidy.

Outcomes – The HUD standard metrics table below summarizes the outcomes of this activity.

ACTIVITY 2011-7 LOCAL PROJECT BASED VOUCHER PROGRAM				
HC #1: Additional Units of Housing Made Available				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Number of new housing units for households at or below 80% of AMI as the result of the Local PBV Program.	Project Based Voucher units prior to implementation: 0	Affordable housing units developed as the result of the Local Project Based Voucher Program.	Project Based Voucher units after implementation: 74	YES

The table below summarizes the individual projects in which HACC has provided Project Based Vouchers since the implementation of this activity. Details of these projects can be found in Section II.

Table 9 PBV Units by Property

PROJECT BASED HOUSING CHOICE VOUCHERS			
Name of Property	Total Units	PBV Units	HAP CONTRACT DATE
PBV CONTRACTS EXECUTED SINCE IMPLEMENTATION			
Douglass Square	50	13	Oct-11
Oakwood Trace	50	25	Jun-12
Hamilton on the Park	36	36	Sep-13
TOTAL	136	74	
PBV COMMITMENTS PENDING			
Urban Park Place	24	15	Oct-13
Providence	252	227	Jun-14
TOTAL PBV UNITS	276	242	

Impact – The impact of this activity has been the ability to leverage private capital for development of new affordable housing options. HACC leveraged \$6,657,400 in capital for Hamilton on the Park; created adequate cash flow at Oakwood Trace to repay 50% of an outstanding note to HACC in the amount of \$73,810; and secured a \$1.3 million dollar grant for permanent supportive housing at Urban Park Place. HACC was competitive in securing private capital based on the ability to commit project based rental assistance to the projects. Without the MTW authorization, HACC would be limited to the number of vouchers that could be project based and to the number of PBV units in a single property.

An additional impact of this activity is the quality of housing in which vouchers are utilized. In the tenant based program, the majority of the vouchers are utilized in older, lower quality housing units located in neighborhoods with higher concentration of poverty. HACC has targeted new construction or substantial rehabilitation for placement of PBV units and 43% of the PBV units will be located in neighborhoods of opportunity with higher income levels.

Benchmarks, Metrics and Data Collection - We do not anticipate any changes in the benchmark, metrics or data collection methods for this activity.

Activity 2012 - 2 Acquisition without Prior HUD Approval

Description - This activity was approved and implemented in the Year 2 (2012). To facilitate development activities, HACC acquires sites without prior HUD approval and certifies that the HUD site selection requirements have been met.

Outcomes – The HUD standard metrics table below summarizes the outcomes of this activity.

ACTIVITY 2012-2 ACQUISITION WITHOUT HUD APPROVAL				
HC #1: Additional Units of Housing Made Available				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Number of new housing units developed for households at or below 80% of AMI as the result of Acquisition without HUD Approval	Housing Units developed prior to Acquisition without HUD Approval: 0	Affordable housing units developed as the result of Acquisition without HUD approval	Housing Units developed after Acquisition without HUD Approval: 36	YES

To date the 36 units at Hamilton on the Park have been completed. The following sites have been acquired under this activity and will support additional development as described previously in this report.

- **1408, 1414 and 1416 Eads Avenue** – These are houses located at the entrance of Hamilton on the Park. These were three dilapidated structures surrounding the entrance to the new development and were acquired to enhance the entrance to Hamilton on the Park.
- **Cobblefield Site** - This site is a 12 acre parcel which will be combined with the former Dorsey public housing community site to develop Providence. The site as acquired in 2013 and closing to commence construction is scheduled for April 2014. HACC executed a purchase contract for this site in December 2012 and will acquire the site in April 2013.
- **302-306 Park Avenue, Champaign** – These building constitute Urban Park Place and are scheduled to close in April 2014.

Impact – The impact of this activity has been more expeditious acquisition, resulting in the ability to competitively negotiate prices as owners do not have to wait unreasonable amounts of time to complete the sale. Acquisition of these sites has increased the supply of high quality affordable housing available to the residents of Champaign County.

Benchmarks, Metrics and Data Collection - We do not anticipate any changes in the benchmark, metrics or data collection methods for this activity.

Activity 2012 – 3 Non-Traditional use of Funds

Description - This activity was approved in an amendment to the MTW Year 2 Plan and implemented in Year 2 (2012). To facilitate development activities, HACC will utilize its authorization under the Second Amendment to the Amended and Restated Moving to Work Agreement (Amendment to Attachment D) to use Replacement Housing Factor Funds for Development under Option 3. HACC will also utilize Section 8 and Section 9 reserve funds to further the development of new affordable housing units.

Outcomes – The HUD standard metrics tables below summarizes the outcomes of this activity.

ACTIVITY 2012-3 NON-TRADITIONAL USE OF FUNDS				
<i>HC #1: Additional Units of Housing Made Available</i>				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Number of new housing units developed for households at or below 80% of AMI as the result of Non-Traditional Use of Funds	Housing Units developed prior to Non-Traditional Use of Funds: 0	Affordable housing units developed as the result of Non-Traditional Use of Funds	Housing Units developed after Non-Traditional Use of Funds: 36	YES
<i>CE #4: Increase in Resources Leveraged</i>				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Amount of funds leveraged as the result of Non-Traditional Use of Funds	Amount leveraged prior to Non-Traditional Use of Funds: 0	Expected amount leveraged after implementation of the activity (in dollars).	Amount leveraged after Non-Traditional Use of Funds: \$6,657,400	YES

To date the 36 units at Hamilton on the Park have been completed. The following additional funds have been committed to support the units to be developed during 2014.

Table 10 Non-Traditional Use of Funds Detail

PROJECT	Total Units	Non-Traditional Use of Funds	Effective Date
Hamilton on the Park	36	\$725,000	12/31/2013
Urban Park Place	24	\$650,000	4/30/2014
Providence	252	\$4,750,000	6/30/2015
TOTAL	312	\$6,125,000	

Impact – The impact of this activity has been additional units developed and the ability to leverage private capital for development of new affordable housing options. The chart below provides details of private investment that has been leveraged using this MTW activity. The funds for Hamilton on the Park were fully expended for the project in 2013. Firm financial commitments were received in 2013 for Urban Park and Providence but these projects will close in 2014.

Table 11 Leveraged Capital

LEVERAGED CAPITAL						
DEVELOPMENT PROJECT	Private Capital	HACC Funding	Total Cost	Units	Total Cost Per Unit	HACC Cost Per Unit
Hamilton on the Park	\$6,657,400	\$725,000	\$7,382,400	36	\$205,067	\$20,139
Urban Park Place	\$1,304,343	\$712,000	\$2,016,343	24	\$84,014	\$29,667
Providence	\$34,304,728	\$4,750,000	\$39,054,728	252	\$154,979	\$18,849
TOTAL	\$42,266,471	\$6,187,000	\$48,453,471	312	\$155,300	\$19,830.13
Leverage	\$6.83	Other Funds per \$1.00 of HACC Funds				

The MTW authorization will make it possible to produce over 300 new units of affordable housing for the low income residents of Champaign County. Without this authorization, the maximum number of units built is estimated at approximately 12 based only on RHF funds which would be the sole available funding source for development.

Benchmarks, Metrics and Data Collection - We do not anticipate any changes in the benchmark, metrics or data collection methods for this activity.

Activity 2013 – 1 Rightsizing Vouchers

Description – This activity was approved and implemented in Year 3 (2013). Housing Choice Voucher Program participants are required to lease a unit equal to or smaller than the size of the voucher issued. HACC will utilize the existing subsidy standards as detailed in its HCV Administrative Plan to determine the size of a voucher to be issued to a family. A Request for Tenancy Approval will be considered only if the unit selected by the family contains an equal or lesser number of bedrooms than those listed on the voucher issued.

Outcome – The HUD standard metrics table that will be utilized to measure outcomes for this activity is shown below. However, due to a phased-in implementation process, no outcomes can be determined for 2013.

ACTIVITY 2013-1 RIGHTSIZING VOUCHERS				
CE #4: Increase in Resources Leveraged				
Unit of Measurement	Baseline	Benchmark	Outcome	Benchmark Achieved?
Amount of funds leveraged (saved) as the result of Rightsizing Vouchers	Amount leveraged prior to Rightsizing Vouchers: 0	Expected amount leveraged after implementation of the activity (in dollars).	Amount leveraged after Rightsizing Vouchers: TBD	TBD

We established baseline data in 2013 that will enable us to measure outcomes in 2014. As of December 31, 2014 there were a total of 411 families that were “over-housed”. The average HAP payment for these households was \$476.00 per month for all bedroom sizes.

Impact – This activity was phased in for existing participants: the “rightsizing” shall be effective for all existing participants at the second re-certification after the effective date or, upon request for a program move with continued assistance, whichever occurs first. As a result of this phase in approach, the impact cannot be determined in 2013.

Benchmarks, Metrics and Data Collection - We do not anticipate any changes in the benchmark, metrics or data collection methods for this activity.

ACTIVITIES NOT YET IMPLEMENTED

Summary – The chart below summarizes approved activities proposed in the MTW Plan, approved by HUD, but not implemented.

Table 12 MTW Activities Not Implemented

PLAN YEAR	NAME OF ACTIVITY	ANTICIPATED IMPLEMENTATION DATE
2011-6	Local Homeownership Program	April 2014
2012-1	Local Payment Standards	January 2014

Activity 2011-6 Local Homeownership Program

Actions Taken toward Implementation - HACC re-proposed this activity in its 2014 Plan due to a significant change in the nature and scope of the activity, HACC has partnered with Habitat for Humanity to utilize its MTW flexibility to fill a gap in affordable homeownership needs in Champaign County and has executed a Memorandum of Agreement with Habitat to administer the local homeownership program.

The goal of the MTW Local Homeownership program is to expand on HACC’s Mandatory Self-sufficiency Program and to assure that other existing affordable homeownership opportunities and services in Champaign County are not duplicated.

HACC will target existing residents of HACC programs that complete HACC's MTW Mandatory Local Self-Sufficiency Program through compliance with employment requirements.

Habitat will complete intake of each prospective homebuyer and determine eligibility for the program. All families must meet the eligibility criteria set forth in Habitat's Partner Family Selection Process including income limits; asset limits; housing expense to income and total debt to income ratios; and other applicable credit requirements. Families selected will be processed for the homeownership program in accordance with the Habitat Partner Family Selection Process. Once a partner family completed the requirements of the applicable program year, if funding and staff resources permit, the buyer will start the home building process.

Habitat will provide all homeownership services program consistent with HACC's MTW goals of self-sufficiency including pre and post home purchase counseling; financial literacy, credit repair and counseling; sweat equity by the home buyer; and, home mortgages at 0% interest, amortized at 25 years. To provide additional resources for Habitat to serve HACC resident referrals, HACC will purchase the equity from Habitat in the homes built.

HACC will provide a second mortgage at the time of construction completion and closing of permanent financing for the difference between the appraised value of the home and the maximum mortgage that can be supported by the purchaser. However, HACC's maximum second mortgage shall not exceed \$50,000 per home. The second mortgage shall be forgivable at the rate of 5% per year over a 20 year period. HACC will also establish a foreclosure prevention fund that will provide assistance with monthly mortgage payments for a limited period of time based on extreme hardship conditions.

HACC and Habitat shall establish an annual goal of the number of households to be served under this program prior to January 1st of each calendar year. The annual goal shall be based on available Habitat staff resources and HACC funding. A goal to serve three HACC families was established for 2014.

Activity 2012-1 Local Payment Standards

Actions Taken Towards Implementation – This activity was approved in HACC's Year 2 (2012) Plan. HACC procured a third party market firm to conduct the market analysis necessary to identify the primary real estate sub-markets within Champaign County and recommend payment standards for the Housing Choice Voucher Program that are reflective of the actual rents in each of the identified sub-markets. HACC established clearly identified boundaries for each sub-market such as the entire Village, Town or Township in the more rural areas of the County and census tracts in the urban areas of the County.

All market analysis was completed and the implementation plan was developed and approved by the board in December 2013 with the following implementation schedule.

The “Local Payment Standard” policy shall be effective January 1, 2014. All new Housing Assistance Payments contracts executed after January 1, 2014 shall be based on the corresponding Local Payment Standards. This applies to both new admissions families as well as families continuously assisted but moving to a new unit who receive a “Program Move” voucher on or after January 1, 2014.

The “Local Payment Standard” schedules” shall be effective for all existing HAP contracts as follows:

1. If the Local Payment Standard for the PRESM in which the unit is located is higher than the HUD FMR payment standard, the Local Payment Standard shall be utilized at the next annual recertification after January 1, 2014.
2. If the Local Payment Standard for the PRESM in which the unit is located is less than the HUD FMR payment standard, the Local Payment Standard shall be utilized at the second annual recertification after January 1, 2014.
3. The Local Payment Standard shall apply to an interim recertification only after an annual recertification has occurred in which the Local Payment Standard has been utilized.

ACTIVITIES ON HOLD OR CLOSED

There are no MTW Activities on hold and no MTW Activities have been closed.

V. SOURCES AND USES

As of the date of this report, the MTW Block Grant unaudited 2013 sources and uses has been submitted in the prescribed Financial Data System (FDS) format. The audit has been scheduled and will be submitted within the required timeframes.

The HUD sources and uses information for the annual MTW report is shown below.

Annual MTW Report			
V.3.Report.Sources and Uses of MTW Funds			
A. MTW Report: Sources and Uses of MTW Funds			
Actual Sources and Uses of MTW Funding for the Fiscal Year			
<div style="border: 1px solid black; padding: 5px;"> PHAs shall submit their unaudited and audited information in the prescribed FDS format through the Financial Assessment System - PHA (FASPHA), or its successor system </div>			
Describe the Activities that Used Only MTW Single Fund Flexibility			
<div style="border: 1px solid black; padding: 10px; background-color: #ffffcc;"> The activities that utilized only MTW Single Fund Flexibility were Acquisition without HUD Approval and Non-Traditional Use of Funds. The details of these activities are provided Section IV of this report and the corresponding projects completed or in progress under these activities are described in Section II of this report. </div>			
V.4.Report.Local Asset Management Plan			
B. MTW Report: Local Asset Management Plan			
Has the PHA allocated costs within statute during the plan year?	Yes	No	
Has the PHA implemented a local asset management plan (LAMP)?	Yes	No	or
Has the PHA provided a LAMP in the appendix?	Yes	No	or
V.5.Report.Unspent MTW Funds			
C. MTW Report: Commitment of Unspent Funds			
In the table below, provide planned commitments or obligations of unspent MTW funds at the end of the PHA's fiscal year.			
Account	Planned Expenditure	Obligated Funds	Committed Funds
Type	Providence Permanent Financing	4,453,953.00	4,453,953.00
Type	Hamilton on the Park Balance of Loan	67,780.00	67,780.00
Type	Urban Park Place Acquisition	640,000.00	640,000.00
Type	1416 W. Eads St. Acquisition	49,500.00	49,500.00
Total Obligated or Committed Funds:		\$ 5,211,233.00	\$ 5,211,233.00
<div style="border: 1px solid black; padding: 10px; background-color: #ffffcc;"> Details of these funds are found in Section IV of this report. Additional information about each of the projects above are also in Section II of this report. </div>			

VI. ADMINISTRATIVE

HUD REVIEWS, AUDITS OR INSPECTION ISSUES

There are no HUD reviews, audits or inspection issues which require HACC to take any action.

Evaluation of the Moving to Work Program in Champaign County



I L L I N O I S
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

2013 Progress Report

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With Research Assistant Hanbum Lee
Department of Agricultural and Consumer Economics

March, 2014

Introduction - This is the third progress report of the Housing Authority of Champaign County (HACC) Moving to Work (MTW) evaluation by the University of Illinois at Urbana Champaign for the period January 1 – December 31, 2013, our second year of data collection.

During Baseline, Year 1, 308 HACC program participants and 162 Decatur Housing Authority (DHA) program participants completed our quantitative Housing & Self-Sufficiency Social Survey, totaling 470 Surveys. In Year 2, 213 HACC program participants and 110 DHA program participants who completed a Survey during Baseline Year 1, completed a Survey, totaling 323 Surveys.

In addition, in Year 2, an additional 145 HACC program and waitlist participants and 13 DHA program participants completed a Survey, totaling 481 Surveys completed in Year 2.

One of the challenges we face is that, for example, HACC participants completed 308 Surveys during baseline, Wave 1 but only 213 of these same participants completed a Survey during Year 2, reflecting a completion rate of about 74%, adjusting for Surveys that were returned undeliverable. While a completion rate of 74% is still acceptable for survey data, it is unknown if this pattern of attrition and loss of participants will continue in future data collection. We plan to continue to add new survey respondents to address this concern about attrition as we go forward.

During Baseline, Year 1, we conducted our qualitative Key Informant Interview with 25 HACC, and 24 DHA, program participants. During Year 2 we conducted an additional 16 qualitative Key Informant Interviews with HACC waitlist participants, for a total of 65 qualitative Key Informant Interviews conducted.

We will discuss our findings from the analyses of both quantitative Housing & Self-Sufficiency Social Surveys and qualitative Key Informant Interviews in the corresponding sections that follow in this report.

Evaluation Overview - The overall purpose of this evaluation is to measure the impact on households participating in the Housing Authority of Champaign County Moving to Work program, especially in terms of their family self-sufficiency measured by variables such as income, employment, hours worked, attainment of educational and job skills goals, and other variables related to family self-sufficiency. The evaluation is designed to quantitatively measure these potential impacts as well as identify factors that might be related to non-attainment of the program's self-sufficiency goals. Such factors include difficulties with access to child care, limited job opportunities, and personal-level factors such as undiagnosed mental health issues or other barriers participants may face.

To measure the program impact on participants we utilize four sources of information. First, we have conducted qualitative interviews using an in-depth key informant interviewing approach with 25 HACC MTW participants, 24 DHA program participants, and 16 HACC waitlist participants. We utilize DHA participants as controls and a comparison group for the qualitative interviews and for the social survey. The key informant interviews provide information on the program participants' perspectives on topics such as self-sufficiency, work, stress, housing and neighborhood issues, education and job skills, and overall quality of life and family issues.

We hypothesize that over time it may be possible to observe a change in some participants' attitudes and practices related to self-sufficiency as a result of the MTW Program.

A second information source is the quantitative social survey we have fielded with HACC MTW participants and waitlist participants, and with DHA participants. The social survey has a variety of question domains ranging from education, housing choices, neighborhood issues, and employment history and current work situation, to family structure and social supports. There are also questions about food security, health care access, and mental health status among other domains. This detailed data, which are being collected over time, allow us to create multivariate regression models to assess the program's impact, and these models can be constructed to control for confounding variables, and they can have non-treated (non-MTW participants) controls, and they can address the issue of unobserved factors which could affect the impact of the program on participants.

A third source of data is administrative data available from HACC and HUD. This data also allows the creation of econometric program evaluation analyses that allow for non-treated controls, and for confounding variables, and for unobserved variables which could affect the program's performance at the individual level. Further, we are investigating the possibility of creating linked models using the social survey and the administrative data. The administrative data also allows the investigation of program outcomes such as differential program dropping out behaviors and other dynamics due to the MTW program.

A fourth source of data is HACC 'Mandatory Self-Sufficiency and Employment/Education Requirements Implementation Plan', or, 'Treatment Plan' data. We have begun receiving initial Plan data from which we will describe the steps MTW participants have agreed to in their Plan, and analyze the nature of the Treatment Plans. This will be a baseline analyses from which to make future comparisons with regard to adherence and successful completion of Plans and how this relates to education and employment outcomes.

Key Informant Interviews - During this year, we examined the balance, or about 50%, of HACC qualitative key informant interviews conducted the initial year of data collection, for different themes contributing to self-sufficiency, for example, perspectives on family structure growing up, physical and mental health, and social support networks, and how these domains contribute to resilience in the context of people who live in subsidized housing. All of the key informants included in these analyses are women.

The construct of resiliency is an important dimension when considering self-sufficiency among participants of subsidized housing. For example, many housing participants may have suffered adversity throughout their life course that is linked to their ability to be successful in finding and maintaining employment, and reaching self-sufficiency. By identifying adversities and successes experienced by subsidized housing participants, we are able to learn how these participants used their personal, environmental and/or social resources to adapt successfully (Chaskin, 2008). As well, these findings may assist both case managers and participants in the HACC Local Self-Sufficiency program to set and achieve appropriate employment goals.

For the purpose of analyzing our key informant interview data, we defined resilience at a personal level, meaning, a positive, successful adaptation after experiencing adversity (Brodsky, 1999; Luthar & Cicchetti, 2000; Rutten, Hammels, Geschwind, Menne-Lothmann, Pishva, Schruers. . .Wichers, 2013), as well as, within the context of low-income, subsidized housing participants (Schilling, 2007; Chaskin, 2008).

Therefore, through prior literature (Blome, 1997; Bowlby, 1977; Brodsky, 1999; Brooks & Buckner, 1996; Pecora, Kessler, O'Brien, Roller White, Williams, Hiripi, . . .Herrick, 2006) we identified some examples of life adversities, which can also be found within the context of low-income housing participants as:

- As a child, losing your primary caregiver (mother or father) through death or by being put in foster care. This separation is a traumatic loss of attachment to a primary caregiver.
- Living in foster care which may be an abusive environment, and may mean changing schools and physical living environments. Foster care may also encourage youth to run away, becoming emancipated at a young age. Becoming emancipated may also lead to high school drop-out, leaving lack of education as a barrier to adequate employment.
- As a child, being homeless.
- As a child, moving often, changing schools.
- Becoming pregnant in high school and leaving high school.
- Being a single mother.
- Being physically, sexually or psychologically abused.

And, through prior literature (Brodsky, 1999; Rutten, Hammels, Geschwind, Menne-Lothmann, Pishva, Schruers, . . .Wichers, 2013) we also identified some positive and successful adaptations after experiencing adversity, which are also relevant within the context of low-income subsidized housing participants, such as:

- Successful parenting.
- Completing education (high school or college).
- Developing and maintaining meaningful, loving relationships.
- Having positive emotions.
- Having a positive social support network.
- Exhibiting positive self-esteem and self-efficacy.
- Being mentally and physically healthy.
- Finding and maintaining substantial employment.
- Becoming self-sufficient.

In our analyses we looked at the level of adversity over the life course of the key informant, and the positive and successful adaptations the key informant attained despite these risks. We discovered that the level of successful adaptation may belong on a continuum, as the process of resiliency (Brodsky, 1999) is fluid, and marked by achieving 'goals along the way' (Brodsky, 1999, p. 152). Therefore, we identified chief domains in our key informant interview from which to analyze level of risk and resilience as: being a single mother; belonging to a minority race; family structure growing up, including being raised in foster care; experiencing homelessness, especially as a child; having to move often as a child; becoming pregnant and leaving school; parenting; experiencing physical, sexual or psychological abuse; education; physical and mental health; self-esteem and self-efficacy; employment status and history; health and the relationship to employment; social support networks/relationships; engaging in risky behaviors; motivation, and intelligence.

Data was analyzed using a coding scheme by first identifying key words, phrases and concepts of interest, then interpreting these phrases into a theme, similar to the Interpretative Data Analysis process used by Dallos and Denford (2008) in their study of families with an eating disorder, and then identifying codes from the literature that supported the theme. From this analysis we identified three levels of resiliency that the key informant is currently experiencing: 1) currently

struggles to cope with risk factors to adapt successfully to achieve goals; 2) currently manages risk factors and identifies goals, and 3) currently adapts successfully to risk factors to achieve goals. To the degree each key informant experienced risk and adaptive factors disposed that key informant to the respective level of resiliency. The following chart outlines resiliency themes and levels of adaptation.

Theme	Currently struggles to cope with risk factors to adapt successfully to achieve goals	Currently manages risk factors and identifies goals	Currently adapts successfully to risk factors to achieve goals
Education	Has not finished high school, and has no plans to finish	Has not finished high school but is in the process of completing, or desires to complete	Has achieved high school education and is attending college or completed college or some college
Mental Health	Exhibits depression and/or anxiety	Exhibits positive emotions	Exhibits positive emotions
Self-Esteem Self-Efficacy	Exhibits low self-esteem and self-efficacy; does not view self as making progress, or does not feel has achieved what could be achieved	Uses cognitive restructuring to reframe negative circumstances to positive, enhancing self-efficacy; views self as making progress, or views self positively.	Exhibits high self-esteem and self-efficacy; exhibits problem solving behavior
Employment	Unable to find or maintain steady employment	Currently employed but on leave; steady employment history	Currently employed with steady employment history
Health	Health adversely affects work or school performance	Has some health issues that affect work or school performance	No health issues that adversely affects work or school performance
Social Support/ Relationships	Low to no social support network; quality of social support network may be negative	Social support network is positive and provides emotional encouragement, financial support, child care; engages with social services in the community to increase personal resources	High and varied level and positive social support network provides emotional, financial support, child care, transportation; access to social networks that can provide opportunity for social networking and social leverage; engages with community resources
Parenting	Parenting is compromised; Experiences stress as a single mother and coping is difficult; relies on adult children for support	Enjoys parenting; talks about positive activities shared with child; encourages and supports child	Enjoys parenting, talks about positive activities shared with child; encourages and supports child; is concerned about child's emotional well-being; plans for children's future
Risky Behaviors	Engages in risky personal behaviors, for example, prostitution, drugs	Does not report engaging in risky behaviors; purposefully avoids 'drama' and chaotic situations and people	Does not report engaging in risky behaviors; purposefully avoids 'drama' and chaotic situations and people
Motivation	Low motivation	Maintains motivation	High motivation
Intelligence	Exhibits cognitive difficulties, low intelligence	Has learning disabilities but utilizes resources to improve	Exhibits high cognition/understanding, Intelligence

Collectively, our data analyses uncovered that 18% of key informants ‘Currently struggle to cope with risk factors to adapt successfully’, 55% ‘Currently manage risk factors’, and 27% ‘Currently adapt successfully to risk factors’. What follows are summaries of key informant interviews, including verbatim conversations and observations by the researcher, that convey the level of adversity and resilience. The names of the key informants and some of the locations they mention have been changed to protect their identity.

Currently struggles to cope with risk factors to adapt successfully to achieve goals

Danisha is a minority single mother who moved to Champaign County from a southern state with her family while she was in 6th grade, to be near family here. Once here, she repeated the 6th grade. Before receiving Section 8 housing assistance, she lived with her mother, and then with her sister in low-income, subsidized housing in Champaign County, a neighborhood she describes as ‘*the hood*’. Danisha is currently unemployed and has not worked since 2007. Her work history includes jobs in fast food, factory, and telemarketing. Danisha has an 11th grade education, leaving high school when she was pregnant with her oldest child. She has no plans to finish high school, ‘*I made it to the 12th grade and when it was time for me to graduate I didn't ‘cause I was pregnant with my (child), and it was like two weeks before graduation and I dropped out, and I haven’t gone back*’. Cognitively, Danisha has difficulty understanding interview questions, and answers slowly and with short responses, ‘*Like, put it in like, I don't understand it.*’ Her social support network is family – her mom, children, and sisters. She isolates herself from her neighbors, ‘*I don't talk to nobody. I come in and I come in and go out*’. Danisha struggles financially because, she says, ‘*Yeah ‘cause I don’t have no income.*’ and relies on her mom to help financially, ‘*. . .if I don’t have It, my mom, she’ll try, but I try not to lean on her to um help me pay it.*’ Nonetheless, Danisha ‘*. . .always manage to get my baby, my baby, um Pampers and stuff.*’ Danisha’s children have health issues; her youngest child was born with a heart abnormality; her oldest child suffers migraine headaches.

Danisha has no motivation and says she watches cartoons on TV alone and with her children, ‘*All we do is watch TV. I watch cartoons.*’ When asked what some priorities are for her children, Danisha replied, ‘*I want them to finish school, somethin’ I didn’t have a chance to do. Um, get good grades and that's about it.*’ During weeknights, Danisha does, ‘*Help them with their homework.*’ Danisha articulates her financial goals – ‘*Not bein’ on Section 8. Ownin’ my own house. Or payin’ rent. That's it.*’ – yet has no plan on how to attain these goals. Danisha’s emotions are flat vs. positive or negative; her affect is withdrawn. Her apartment is dirty and unkempt, and furniture is sparse.

Laila is a minority divorced woman with no children under age 18 in the home; one grown child lives with her. By the age of 21 Laila was already a single mother and lived in a subsidized, low-income housing project in Champaign where she stayed for about eight years. Laila hasn't worked since 2004 when she left the workforce to care for a family member who was injured in an accident. Her work history includes food prep, fast food, and housekeeping, and reports some health issues that affect her work, ‘*I have to watch certain things that I do because I do have a bad back and that comes from doin’ housekeeping.*’ Laila has lived in her current home with Section 8 housing assistance for five years. She relies on her adult child who lives with her, and she struggles to pay her utility bills, ‘*So um, it's right now it's hard for me to even pay my bills. I'm dependent on my (child).*’ Laila relates that she is confused and stressed, is mentally frustrated because she can't find work, and doesn't see herself as accomplishing goals – ‘*I can't find a job. I've been everywhere I mean I don't know, I've been thinkin’ about goin’ back to school, I mean, I, I just, I'm just confused and it's just a lotta stress. So I just, I guess I just settle.*’

I guess basically is what I'm doin', I'm just settling. But, she says, she perseveres and keeps going. Laila does admit that she engages in risky behavior to earn money. Laila is a high school graduate, having gotten pregnant with her first child her during her last year of high school, but she finished high school. Laila says she has a learning disability, but she feels that she should be further along – *'I don't think my mother knew, realized, that I have had a learning disability. So I don't think I learned, I don't think I learnt what I should have learnt. Uh well should I say I don't think I learnt enough. I don't think they taught me enough um because I'm (x) years old and I feel like I should be in a way better place than I am.'* Laila expresses gratefulness when she compares herself with others who have less. Laila's social support network includes her adult children, ex sister-in-law, sisters, nieces, nephews, mom, dad, grandmothers, a guy friend if she needs financial help, and God. Laila limits her friends - *'I don't want drama'*. Otherwise, she is *'a homebody'*. Laila displays no motivation - *'I like just hangin' out with my friends, and you know, just havin' a social gathering, you know, we all just sittin' around talkin' and watchin' tv or playing cards or just being goofy, something like that.'* Cognitively, Laila has difficulty answering the interview questions with slow and tangential responses; psychologically she suffers low self-esteem and self-efficacy.

Currently manages risk factors and identifies goals

Jessica is a minority, single mother born and raised in low-income, subsidized housing, *'You know it, how you're raised, and you know, it kinda goes into, you know, who you are. I was already born into something bad.'* Jessica's mother passed away when she was 13 years old, and her father was incarcerated, resulting in her being put into foster care, a system she describes as *'a big mess'* and *'you think that it's a safe environment' . . . 'It's actually not.'* Jessica suffers insecure attachment, abuse within the foster care system, and racial prejudice in her family of origin (her mother was white) from her maternal grandparents, *'my mom's side is racist'*. Jessica has gone from being homeless twice, to achieving stable housing with a Section 8 voucher. She has graduated high school through her own endeavor. *'Um I have my high school diploma. Um I have some college experience.'* Jessica cannot rely on support from the father of her child, as he is incarcerated.

Jessica is unemployed, having been fired from her last job. She describes an unstable employment history, *'At first um jobs before when I was homeless with section, before I had Section 8 it was hard to keep them because I was goin' through a lotta different changes. So um you know tryin' to go through high school uh and basically like my past until I got on Section 8 and got you know on my own I was not able to even focus really. You know what I mean. Um, so I couldn't keep a job long-term.. . . Um before Section 8 I couldn't sustain a, hold a job. Um so as far as um employment now I am currently looking for a job. Just getting used to being by myself, um depending on myself and you know getting used to being a first-time mom.'* Jessica has physical and mental health issues, and becomes very emotionally sad & cries during our interview when she recalls her past. She admits she is stressed, currently with a court situation, and, being a single mom, and that sometimes when she has health issues this affects her child's school attendance, *'Um you know if I'm in the hospital and up there you know how they keep you in the room late. You know um and then they give me, shoot me up and send me home and I'm drugged up and sleep an' then can't get (child) up for school.'* Nonetheless, her relationship with her child is positive and she reports many positive interactions, which is also witnessed by the researcher. She has overwhelming debt with no financial plan. Her social support network is positive, but small, mostly with her child, and her sister and her sister's child, an ex-boyfriend and a girlfriend.

She purposefully keeps her social network small, she explains, *'I don't wanna be, keep them like in my social group close like that because if you are procrastinating or you, you're not tryin' to do anything with your life, I don't wanna be around that or get advice with that you know what I mean. So it's, it's small.'* However, her social network provides emotional encouragement and is a source she can rely on for child care or transportation.

Mary grew up in a chaotic home surrounded by her parents' fighting. She did not know her natural father but was raised by her younger sister's father, who was married, for a time, to their mother. As a child, Mary's mother moved her and her siblings from their home in Illinois to another state, and then back again. *'I think I went to like 10 grade schools.'* As a child Mary attended special education classes, and has a 9th grade education. *'I was in special ed most of my grade school years. I got to high school. Guess I thought I was grown in ninth grade.'* As an adult, Mary has lived on Section 8 housing assistance 11 years, moving to her present home from a nearby town to *'escape crime'*. Mary is divorced due to physical and psychological abuse she suffered from her spouse. While trying to flee her husband, she lived in shelters with her children. Mary currently attends an adult education program to earn a GED. *'I'm at 10th grade reading level now.'* Mary is unemployed, having been fired from her last job. Her physical health is compromised with acute bronchitis; emotionally she is depressed and displays sad emotions during our interview. Mary has raised her children on her own, *'I raised all mine by myself. . . They might not turned out good, but I did the best I can by myself'*. All of Mary's children are adults but one of her children currently lives with her and struggles to complete high school, *' . . . (Child's) 18. They dropped (child) because (child) didn't have no grades; (child) didn't have nothin'. I mean it was just zero, straight F's, So, uh I told (child) this, it was botherin' me a lot, an' I didn't know what to do with (child), so I sent (child) with my sister.'* Mary's social support comes mostly from her family - children, sister, fiancée, father, one friend, some neighbors, plus some ladies from church, and a teacher and counselor at an adult education program. She relates that her family does not always understand, so social support from them can be negative, *' . . . at times I can't talk to my fiancée or my (child) or my other (x) children or my family about certain things 'cause they might not understand or might take somethin' the wrong way.'* Mary says she can rely on her father for financial support. Mary relates that she reads the Bible and prays. She has insight about her past circumstances and hopes to be a source of support for someone going through similar situations.

Mary identifies her goals, *' . . . I hope to have my high school diploma. I hope to have a good job. I hope to be a homeowner so my grand baby can grow up and I can see him in a safe environment, not that he's not safe, but I just feel like when he's with me he's safer. Um I just, I just wanna be, I just wanna be where I wanna be. I wanna be um a better person, a better grandmother. Um, I want my relationship with God to be better. That's number one. If I don't put that number one, then everything gonna fail. Um, I just want that to get better first and I'm workin' on that now. So that's, that's, them's the things I wanna do.'*

Annie grew up in a near-by big city, in an environment she characterizes as, *'stable . . . with backyards'*. She says she moved three times during her youth and adolescence. As an adult, Annie came to Champaign because of the lower cost of living, for one reason, as she was unemployed at the time, *' . . . like right now I hadn't been um working because of I've been sick and um I have a (child) that has some issues but um, um, I'm still able to kind of, you know, maintain, right at, you know level. But um, in (city) it woulda been kinda really tight.'* And also, *'wanted to leave (big city) because of my (children). Um, it's so much that's goin' on in the street.'* Annie lived here three years, paying her own rent. Then, she moved back home to care for aging family members.

Afterwards, she moved back to Champaign, and has been on Section 8 housing assistance for three years. Annie is a minority single mother; one child is grown and two children reside in the home with her. She is currently unemployed but on leave from her job, *'I am employed at (organization) at this moment. I'm just on a leave, like I said, right now, um, but I'm tryin' to change and go to (organization).'*' As well, Annie is challenged with maintaining employment due to her child's mental health issues and her own physical health, *'For the most part, my biggest issue, like I said, I have a (child) that has um uh, (mental illness) and couple of other things, you know. Uh, so it becomes more of a issue because um, (child) will have outbreaks and I have to take time to really focus on (child). So if um, if, like, lately I've been, um lately I, my blood pressure has been kinda up and down so I've pretty much had to work on myself and work on (child). . . but we're workin' through it.'* Annie relays that her at-risk pregnancy with her older child resulted in birth delays and the child is now diagnosed with multiple mental health issues. Consequently, Annie has many challenges and experiences a great deal of stress; physically she has multiple health issues. Annie suffers psychological stresses with her older child's mental health issues, and her employment situation. Annie relates she has completed about two years of college, but admits that she keeps changing education and employment goals, *'Well, to me, I just think I'm a Jack of All Trades'*, and that, combined with her child's mental illness makes it difficult for her to finish, *'I've been through sc. . . (whew) school for graphic design. I've been to school for a medical assistant. I didn't finish. , , ,I'm um tryin' to go back and do a dental hygienist. So um just as long as my house can stay balanced (laughs) I can get these things together.'* Nonetheless, she reframes her circumstances to positive, *' . . . but I mean, I'm gonna get to where I need to be. Just gives me more experience I think.'* Annie's social support network is small, with a few meaningful relationships, from her children, a cousin, a few friends, and some neighbors, *'I don't really have a regular person I talk with. Like I said, here, it's basically me and my children.'* And while Annie's one child is a source of stress, she is a good parent, encourages, supports and spends time with her children, *' . . . until (youngest child) starts into school, we'll come up to the library and they have the children's area down there. I let 'em do (child's) own little puppet shows and um, I let 'em get on the PBS Kids. We do a lot of um, educational books, as far as, for (child) letters, numbers, you know, just, learning things.'* *' . . . my older (child). . . , does a lotta reading, as well. So (child) will get,(child) likes to come and get books as well. (Child is) showing independence. So I'm, I'm like I say, I'm really proud of (child) right now. (Child's) getting' a lot better than we have been in the last two years. So (child's) come a long way.* Annie's extended family lives out of town and plays no role in her life. Annie says she has no one she can turn to if she needs help, and utilizes a community social service agency for emergency child care for her youngest child.

Sara has considerable adversity in her life as a minority single mother who is currently pregnant. Sara relocated to Champaign from a nearby town four years ago. As a child, Sara lived in public housing with her birth mother, and then spent her youth and adolescence in foster care, but ran away from her foster parents when she was 17. Sara dropped out of high school in the 12th grade, and then became pregnant. She says she was stressed because she really wanted to be with her birth mother. She has suffered a traumatic broken secure attachment to her primary caregiver. Her birth mother has mental illness, and her two natural brothers also have the same mental illness, as well as, attention deficit disorder. Sara thinks her oldest child possibly has attention deficit disorder, and this worries her, but she is hopeful that her child will get some help in school, *'She's getting tested right now and I pray and hope that they do go ahead and give her, they're gonna give her help no matter what, but I hope they really give her the special education that she needs right now.'*

Nonetheless, Sara enjoys her children, talks lovingly about them, helps with homework, and spends time with them. Sara is employed, but on maternity leave, and has a steady employment history, *'I'm always keepin' a job. I just would like to, the help to find another job, to do a better job, is to get my schooling. And that's only really the diploma, the high school or GED diploma.'* Sara reports no health issues that affect her work performance. As a teenager in high school Sara enjoyed school and joined concert band, marching band, and track. She says she has tried to go back to school, but admits that it is hard, *'And then my stepmom, she's like, you need to go back to school and this and, yeah, but mom, you don't realize it, it's not what you think. It's not that easy you know.'* But I think really the struggle too was stress because I had got taken away from my mom when I was younger.' Sara's social support network is positive, with her stepparents (foster mom and dad), birth mom, boyfriend, friend, children, child care provider, coworkers and community agencies. Her step parents provide encouragement and financial support; social services in the community provide resources and emotional support. Sara exhibits positive emotions and reframes negative circumstances to positive, enhancing her self-efficacy, *I know life is hard, I mean life is not easy, it's kinda hard but, I'm one of them people where I'll stress, but I really don't have to, it's just, I don't know, I don't see it right then and there, even though I know this, this probably gonna be the outcome anyway. And then it happens or it becomes better. It's never really too much worse. And if it is I try to change it around to somethin' positive.'* Sara has debt but realizes she needs to pay off her loans. Sara says that when she first came here she had nothing, and says she is now on her feet. She views herself making progress, increasing her self-esteem and self-efficacy.

Julie is a Caucasian single mother whose youngest child was born with a serious physical health issue, and whose oldest child is biracial, and bullied by peers at school. Julie has resided in Champaign County since she was two years old, with her parents. She has lived on Section 8 housing assistance for two years. Julie has an 11th grade education, but has insight into her lack of education, and says she will eventually go back to school, *'I don't have a GED. I only got to the 11th grade and then um I had basically quit, which was probably the worst mistake of my life. . . Hey I feel like it's, I'm okay, I'm a good person still an' I teach (my) kids as long as they do the right thing, and go to school, and they get whatever they want in life. So. I wanna do, I do wanna go back.'* Julie has a reading disability but utilizes resources, *'Um my words go together so when I start reading I just, they're all together. So I have to have a, a format to go over them. 'Cause um I, they basically, I lose what I read even if I reread it and reread it, I'll just lose it instantly.'* Julie's social support network includes her children, her fiancée, two best friends, family members, including her mom and dad, coworkers and neighbors. Her dad provides childcare; her mom provides some financial help with toys for the children. Julie enjoys parenting and spends time with her children, *' . . . try to take 'em maybe to the pool, movies, my (child) likes to bowl. Just stuff. They like to do. I like to make it all about them more than me.'* Julie is currently employed and has a steady and long employment history, *'I started workin' I was 15. I've worked ever since. ' . . . I do somethin' that I like to do.'*

Julie reports no health issues that adversely affects her work performance. Julie engages with banking systems, and has a savings CD, *'I have a checking and savings account. Um I have a CD. So I do have something put up, I, where I can't touch it. Um I always feel like you have to put something, enough away for a rainy day, just in case somethin' happens. Especially if you have kids. . . '*

Latonya is a minority single mother who has experienced a lower level of adversity through her life course than many other key informants. She was born and raised in Champaign County. As a child, she lived with both parents in subsidized public housing until she was about five years old.

Then, her parents bought their own home. Latonya has moved only one time throughout her childhood. As an adult Latonya has lived on her own, paying her own rent, but has been evicted a couple of times due to job loss. *‘ . . . the bad thing is, when I was younger before I had kids, I wasn't responsible enough to pay bills. So I had a couple of evictions on my credit so, um, which made it harder for me to find, you know, some things. I had a lot of people turnin' me down (as a tenant) because of that even though I had been on my job for work for years I still had people turnin' me down.’* During evictions Latonya moved back home with her parents, who she can rely on to provide emotional support, financial help and weekend child care, *‘ . . . I needed somethin' and I know I couldn't turn to anyone, that's my support system right there.’* But admits, *‘I will try my best to not ask. It's not that I'm selfishness I'm just like to be on my own. Just like to stand on my own without havin' to ask for something or ask for help or anything.’* Now, Latonya is living on Section 8 housing assistance for four years. Latonya exhibits a strong work ethic featuring a steady employment history, *‘I have been workin' since I been in third grade’*, and is currently employed part time, but on maternity leave, *‘No one's gonna give you anything. You're gonna have to work for it. If you go to school and learn, you can be anything you wanna be, make as much money you wanna make, and be just as happy as you want. And that's what my parents did to me and my (sibling). They installed in us to work. I been on maternity leave and I've only been away from work for 30 days. . . I need to go back to work.’* Latonya graduated high school on time, has completed about a year and a half of college, and has earned a skilled trade license. Latonya enjoys parenting, but with five children says, *‘We're on a routine around here. We're either doin' homework or reading, ah, we're doing something school related.’* Her social support is mostly family - children, mom, dad, aunt, brother – but also, a friend that she walks with in the mornings, her neighbors, and coworkers. Latonya has financial knowledge, engages with financial institutions, and is working with her bank to repair credit and pay down debt, *‘Um I have talked, consulted, with my bank, and to see what all I need to do, and there are some little things on my credit that I need to fix. So my goal that I have already set for myself is within the next couple of years I'm takin' my income tax and I'll pay those debts off.’*

Currently adapts successfully to risk factors to achieve goals

Brittany is a single, minority mother who grew up in a low-income, mostly minority, public housing project in Champaign. She has experienced considerable adversity throughout her life. She moved seven times throughout her childhood, and was homeless several times as a child with her mother, *‘I wouldn't say, you know, we had the most stablest mother in the world, but we had a mother that loved us.’* Brittany graduated high school on time and currently attends college, *‘I wanna finish school more than anything. You know, be able to take care of my family without havin' to worry about it. I have 37 hours of college credit hours completed.’* She is currently employed part-time while attending college, and has a long and consistent work history.

Post college, Brittany is confident she won't need any help finding a job, *‘I don't feel like I need any type of help because with goin' to (college) I know how to write up my own resume, I know how to write cover letters. I know how to, you know, do everything that'll be beneficial for me to search for a job, you know. Um, I know how to do a lotta stuff. I know how to type, you know, I got done a phlebotomy class in 2000 I think 9.’* Brittany's youngest child is an infant with whom she had an at-risk pregnancy and had to leave college for a semester, otherwise, she says she is healthy. Religion, God and the Bible are sources of strength and support for her, *‘God. (laughs) That's my first friend. Girl, that's my lover, my comforter, my best friend.’* Brittany attends church, Bible study groups and sings in her church choir.

Her social support comes from her family – mom, dad, brothers, sisters, cousins – and her church family, her best friend, coworkers, teachers and peers at school, *'I got a ton of people around me.'* Specifically, Brittany receives emotional and child care support from her sister; her mother helps with transportation. Brittany also utilizes Child Care Resources for child care in a licensed facility, of which she relates, *'... they got a time when, you know, they're actively learning. I don't want, 'know, my kids to be in a house where you know all they doin' is watchin' TV, they not, you know, actively learning anything.'* She and her family gather frequently, and she relates they are a big, and positive, source of support in her social network, but also feels, *'I'm pretty self-sufficient.'* Brittany's children are healthy and she enjoys parenting, *'So whatever they need come first and whatever I need come last. My kids. They're my heart so.'* She has been living on housing assistance seven years and is grateful, *'I'm tryin' to better my life so. Um, them helpin' to me to pay partial of my rent is, you know, a great, a great help to me and my kids.'* But Brittany also looks forward to becoming independent from housing assistance, *'...once I do graduate or whatever, when I obtain my certificate and get a good job or whatever, I'm not gonna be tryin' to live above my means. I probably get a little two bedroom like this and whatever I have left over, take an' pay my credit off. You know, and then when I do get it paid off I'm still not gonna be livin' above my means 'cause when I brought up, as long as we had enough...it was alright. So, so whatever extra I have, I'm gonna save to make sure my kids'll have somethin' when they get older, you know.'*

Joy is a Caucasian single mother who has experienced a lower level of adversity through her life course than many other key informants. Joy was born and raised in Champaign with both parents and her siblings, and grew up in a church community. Her parents own their own home. Joy became pregnant her junior year of high school and dropped out and is the mother of a biracial child. She earned her GED, then went on to college, *'I actually just graduated with my Bachelor's degree.'* Joy has been living on Section 8 housing assistance for a year. Joy describes how she found her current housing, *'I actually went with a friend to um a lunch, a luncheon here um for HUD, for, um, and I was thinkin' about becoming a member of the, oh, what board is that, some, one of the HUD Boards. So um I actually came and did a walk-through in a couple of units.'* Joy works part time, by choice, to be home for her (child), and collects unemployment insurance, *'I am actually also on unemployment right now which is why I'm able to work part-time.'* Joy's child is a source of pride, *'(Child's) a straight A student.'* But, while education is a parenting value, Joy adds, *'I definitely want to instill the values and morals that I have, and, you know, we go to church and we always spend time with our family. Um I just, you know, like (child) does now, I want (child) to excel. But I also want (child) to be humble which I'm trying to learn to teach (child).'* Joy has a steady work history, and is now seeking employment with an organization that can provide benefits, including future retirement benefits, *'I've really been wanting to get a job that has good benefits. I've been wanting to get on the (organization). I've been wanting to, you know, if the (organization) doesn't work out, the school district, you know, then I'd be on the same hours as my (child). I just really want a job for future benefits you know. I mean health insurance, of course now, but possible retirement and 401(k)'s for the future so.'*

Joy's social support network includes family – parents, sisters, brothers, nieces and nephews - friends, a boyfriend, church family, church choir group, co-workers and neighbors. Joy relates that her parents are a source of encouragement and support and she can rely on them if she needs to, *'I try to take care of my situations um because, not because, you know, I'm a single mom, or, I think it's because I like to be able to say that I can do it. Um, but if I break down and I have to, I'll go to my parents.'*

But, Joy articulates she is able to help her parents as well, ‘. . .that February um I got my taxes back. I had extra money, thank God. So that was nice. Um my parents, though, they needed new tires on their car. And it was a thousand dollars. And that's how much extra I had. So I gave it to them.’ Joy is moving toward self-sufficiency and is able to problem-solve and initiate resources, ‘. . .My car broke down. So I took a day, cried about it, I don't know what I'm gonna do. Um, immediately started searching online and through the News Gazette for a car. . . . found a car. I went into the credit union since I had had a job long enough. Um they were able to give me a loan for the amount of the car. So from Saturday to Monday I got a new car. . . . and I just recently paid it off this tax season.’

Carole is a minority, single mother who has experienced a lower level of adversity through her life course than many other key informants. Carole was born and raised in Champaign County. As a child Carole lived with both parents and her sibling. She makes a point of saying, proudly, that both her parents and grandparents are still married. Carole has been living on Section 8 housing assistance for nine years. She is employed full time at an organization in Champaign County, ‘I always had a job since I graduated high school.’ After Carole graduated high school, she attended college, but dropped out when she became pregnant with her oldest child. Currently, Carole is back in college and works full time, ‘I was off for awhile and then I got back in. I was workin’ and goin’ to school.’ ‘. . . I currently attend. . . I’m doin’ that, and going, workin’ full-time so.’ Carole’s education and employment successes are a source of her positive self-efficacy. Carole reports she is healthy and reports health has no adverse affects on her school or work performance. She looks forward to becoming self-sufficient, ‘. . .five years from now I will have my Bachelor’s degree and I will have a better paying job.’ Carole engages with financial institutions, ‘I have a savings account. . . I’ve had it since, for years.’ Carole is realistic about her student debt, but exhibits an internal locus of control, ‘It’ll be hard tryin’ to pay some bills off I know. But I think I’ll have control over it.’ Carole’s social support network is mostly family - mom, dad, children, sister, brother, grandparents, her daughter’s grandmother – but also, friends, her daycare provider, people at church, church pastor, co-workers and neighbors. Carole engages her parents for childcare support when she is stressed, ‘I feel like sometimes my parents can kinda keep me sane when I’m about to lose it. With havin’ (kids) and it’s just me here. . . I can go to my mom and my dad and say please, I need like 10 min. 15, 20 min. . . And they always, most the time they’ll step in.’ Carole articulates her priorities for her children, ‘. . . education and teaching (child) from right and wrong, um respecting adults too. Um so mainly their health and education and um God as well so. Number one, God is number one really. If I try to teach them the Bible and things like that.’ Carole spends time with her children, at her child’s biweekly sporting event, and also teaches at a community organization to elementary school children a couple of nights during the week. God, prayer and reading spiritual books are inspirational sources of support for her.

Summary of Qualitative Key Informant Interviews - In summary, our key informants’ stories are explicitly revealing about the myriad adversities they have experienced, and, in some cases, continue to experience. For example, they talk about losing a primary caregiver, being a foster child, being homeless, experiencing physical and emotional abuse, witnessing abuse, moving often causing an unstable living environment, becoming pregnant and leaving school, lacking sufficient education, being a low-income single mother, struggling financially, having children with special needs, struggling to find and maintain employment, having physical health challenges, and suffering depression and anxiety.

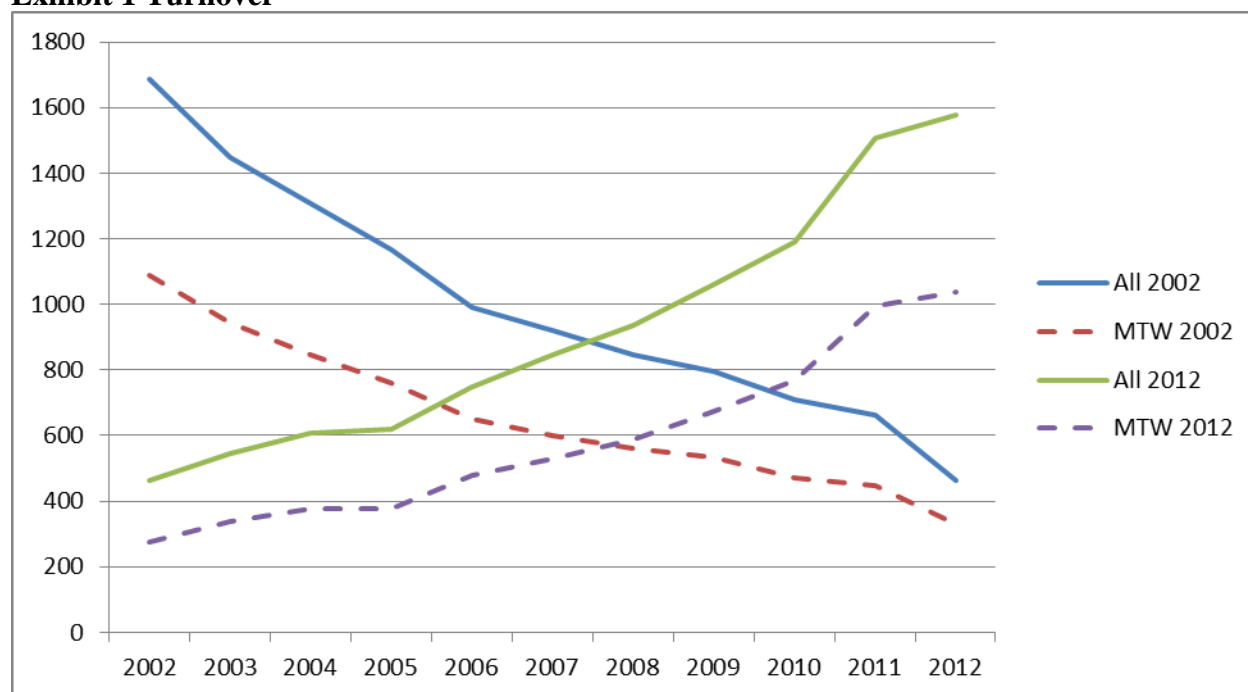
Nonetheless, we can hear from the key informants' personal accounts, as well as the researcher's observations and analyses, to what level key informants succeed in managing these risk factors by being a successful parent, having a desire to complete their education, by being mentally healthy and exhibiting positive emotions, engaging with a supportive social network, finding and maintaining employment, managing stress, being physically healthy, avoiding risky personal behavior, being motivated, exhibiting an internal locus of control and positive self-efficacy, and having the cognitive ability and, to some degree, intelligence, to achieve self-sufficiency.

An aspect associated with self-sufficiency is the idea of how social capital (Briggs, 1998; Dominguez & Watkins, 2003), or, one dimension of social capital, the social support network, of low-income mothers, helps or hinders their ability to access resources to increase self-sufficiency. Similar to previous research findings (Briggs, 1998; Dominguez & Watkins, 2003) we learned through our key informants' narratives that women who work outside their home, as well as, women engaged in educational and training programs, have increased social capital through social support networks that include relationships not only from supportive family, but also, boyfriends, girlfriends, neighbors, church members, co-workers, employers, teachers, student peers, and community organizations, which provide access to child care, transportation, financial support, general socialization and emotional support. Still, while our key informants report engaging with social supports for resources and coping and emotional support, there is little to no discourse about 'social networking' or, mobilizing these relationships for social leverage, the other dimension of social capital according to Briggs (1998), needed to 'get ahead' by making an important contact with a person about a potential job. According to Briggs (1998) we all need both types of social capital to moderate adversity within our lives. Therefore, subsidized housing participants may benefit from a dialogue with case managers and other actors of the Housing Authority to encourage seeking contact with others outside one's main social support network.

Finally, the most interesting lesson we can glean from these analyses is that, for many low-income single mothers, the life path is non-linear, paved with vulnerability and trauma. That low-income, mostly minority, single mothers demonstrate resiliency in persevering through adverse life events to realize self-efficacy is important and encouraging.

Quantitative Housing & Self-Sufficiency Social Survey - Exhibit 1 shows turnover of total assisted households and MTW eligible households, tracking from 2002 to 2012. The blue line shows number of participants who stayed in the program from 2002. We observed that around 1,200 assisted households have ended their participation between 2002 and 2012. The green line tracks assisted households from 2012 to backward. Similarly, the dash lines represent turnover of MTW eligible participants in the same period, and about 800 assisted households have ended their participation. This large turnover makes the program evaluation difficult due to reducing sample size over time.

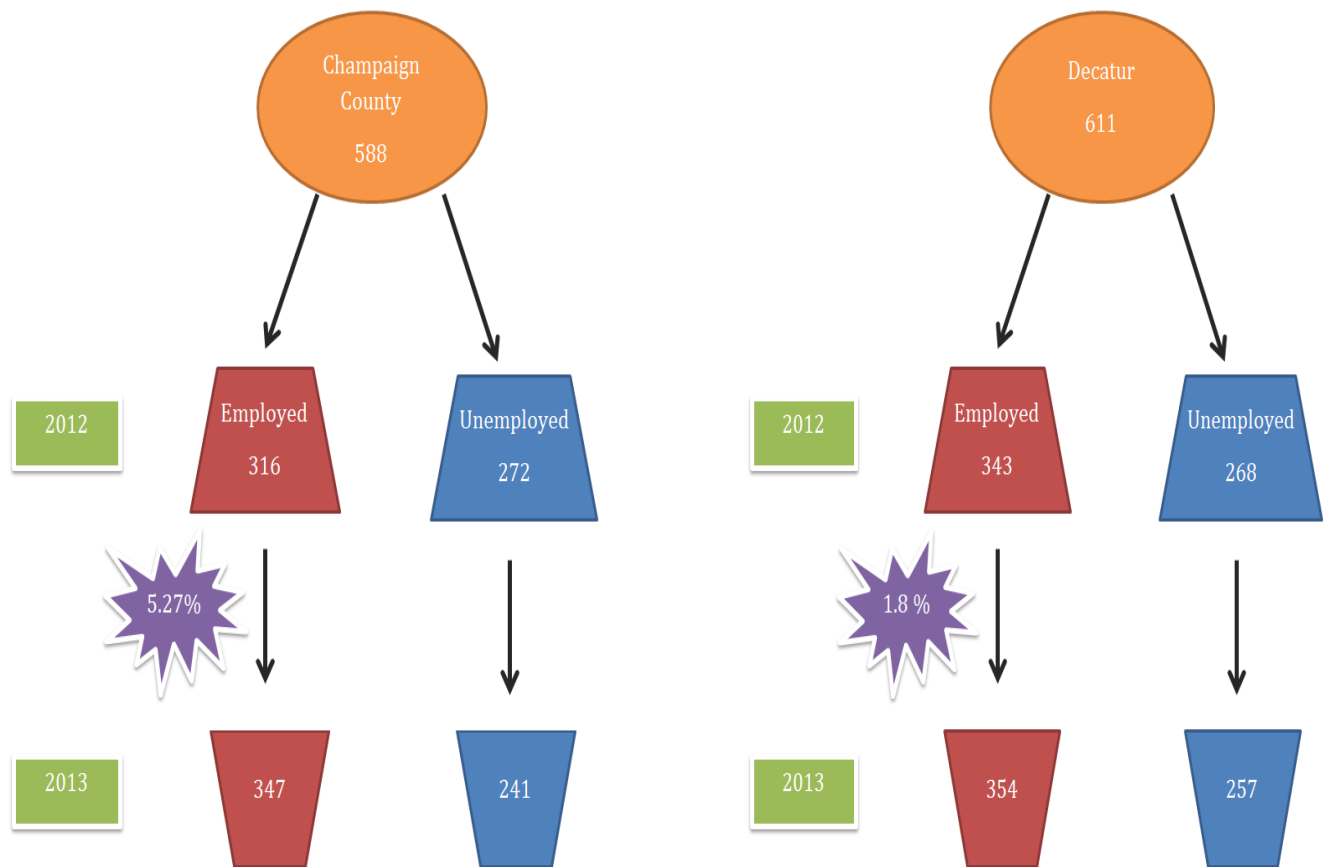
Exhibit 1 Turnover



The overall purpose of this evaluation is to measure the impact on households participating in the Housing Authority of Champaign County Moving to Work program, especially in terms of their family self-sufficiency measured by variables such as income, employment, hours worked, attainment of educational and job skills goals, and other variables related to family self-sufficiency. In order to evaluate the impact of the MTW program, we choose assisted households in Decatur Housing Authority (DHA) as a comparison group. The process of selecting samples in this analysis is to choose assisted households, existing in both years in the housing program, and use a propensity score matching (PSM) approach to find similar households based on the observed socioeconomic characteristics in baseline year.¹ By following the procedure, we choose 588 and 611 assisted households in HACC and DHA, respectively. Exhibit 2 presents the change in employment status of the treated and comparison groups. The employment variable is constructed as a dummy variable; 1 for employed (at least have one part-time or full-time job) and 0 for unemployed. Between 2012 and 2013, overall 5.27% of assisted households in the treated group have increased employment status, while 1.8% of assisted households in the comparison group have increased their employment. We also performed econometric analysis of examining program effects on employment status; however, we cannot find statistical significance of the effects.

¹ Our study evaluates households, whose head of household is not disabled or handicapped, and not older than 54, to identify MTW activities that help families reach self-sufficiency.

Exhibit 2 Employment Status



Social Survey

We present in this section the comparison of selected indicators for households satisfying Moving to Work (MTW) family criteria between Champaign County and Decatur. The process of selecting samples in this comparison is to choose assisted households, existing in both 2012 and 2013 year in the program and on the waitlist in 2013.

Exhibit 3 details characteristics of all MTW eligible households, the characteristics of those who completed a social survey in 2012 and also in 2013, and the characteristics of those on the waitlists for HACC only in 2013. Administrative (Adm.) data is derived from HACC and DHA. We find that those who completed surveys are representative of all MTW eligible households. Also, we found that the MTW eligible households with children have more children than those who completed the survey in both HACC and DHA. And, female headed households in DHA that completed the survey decreased, while female headed households that completed the survey in HACC increased.

Exhibit 3 Comparison of household characteristics between Champaign and Decatur

	HACC		Wait List^a	Wait List^b	DHA	
	Adm. 2012	SS 2012 ^c	SS 2013	SS 2013	Adm. 2012	SS 2012 ^c
Total Observations	1176	213	108	78	761	107
Family Characteristics						
Hsld head age	35.91	37.43	33.40	34.55	31.74	35.56
Female	95.09	97.65	91.51	89.33	94.22	89.72
Black	86.06	86.79	91.67	88.31	79.63	79.44
Hsld Size	3.41	3.13			3.08	2.98
Hsld with children	81.80	76.53	67.59	55.84	85.28	74.77
▪ Mean # of children	2.37	2.43	2.01	1.74	2.27	2.43

a Total Waitlists

b Waitlists in HACC Champaign County only

c Households that completed social survey in 2012 and also in 2013

Exhibit 4 details comparison on food consumption and other basic needs for treated and comparison groups between 2012 and 2013. Presented numbers are mean values of chosen answers and measured based on several scales. The description of these scales is defined below the table. Response rate (Res' rate) reflects the percentage of participants who answered the question both in 2012 and 2013. We find that both HACC and DHA participants have similar food security trends, reporting an increase in food insecurity as in response from the first question. Regarding the financial management questions (question 6 to 11), in question 9 we learned that participants in HACC increased their ability to pay utilities, while participants in DHA increased inability to pay utilities. Also, a similar trend is found in question 10.

Exhibit 4 Comparison of consumption between Champaign and Decatur

	HACC			Wait List^a	Wait List^b	DHA		
	Res' rate	2012	2013	2013	2013	Res' rate	2012	2013
Consumption								
1. In the last 12 months, the food didn't last, and I did not have money to get more*	95.77	2.11	2.18	2.12	2.09	96.26	2.17	2.26
2. In the last 12 months, I couldn't afford to eat balanced meals*	90.14	2.44	2.42	2.45	2.44	90.65	2.45	2.45
3. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money to get more**	89.20	0.44	0.37	0.38	0.39	88.79	0.44	0.37
4. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food**	89.67	0.43	0.38	0.40	0.39	89.72	0.42	0.35
5. If the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food**	91.08	0.28	0.23	0.34	0.33	90.65	0.21	0.25

6. Cannot afford to buy adequate insurance***	94.84	3.35	3.56	3.66	3.80	96.26	3.56	3.60
7. Do not have enough money to pay for health insurance***	96.24	3.20	3.33	3.38	3.44	95.33	3.02	3.33
8. Cannot afford to buy new shoes or clothes***	95.77	3.11	3.47	3.46	3.69	94.39	3.02	3.30
9. Cannot afford to pay utilities***	98.12	3.35	3.26	3.48	3.67	98.13	3.31	3.52
	97.18	2.92	2.87	3.00	3.15	96.26	2.82	2.85
10. Do not have enough money for doctor, dentist, or medicine***	80.28	2.98	2.78	3.06	3.34	83.18	2.87	2.87
11. Cannot afford to keep cars running***								

a Total Waitlists

b Waitlists in HACC

* Scale: Never true = 3; Sometimes true = 2; Often true = 1

** Scale: Yes = 1; No = 2

*** Scale: Never = 5; Seldom = 4; Occasionally = 3; Usually = 2; Most of time = 1

Exhibit 5 categorizes and compares the level of social survey participant's food security, using the six-item short form food security survey model, adopted in the USDA. The measurement of this scale is based on the information collected in Exhibit 5. Food security (high or marginal food security) increased by about 5% and 1% in HACC and DHA, respectively. Specifically, around 1% and 3% decreased in 'Low food security' and 'Very low food security' categories in HACC, and about 1% decrease in 'Very low food security' category in DHA during the period. The people on the waitlist are similar in food security as participants in HACC, but less proportion of households falls in 'low food security' category, and slightly higher proportion falls in 'very low food security'. We also note that families on the waitlist have lower number of children in the household than both HACC and DHA.

Exhibit 5 Comparison of Food Security between Champaign and Decatur

	HACC		Wait List ^a	Wait List ^b	DHA	
	2012	2013	2013	2013	2012	2013
Total observations	156		85	63	78	
(%)	(73.24)		(78.70)	(80.77)	(72.90)	
6-item Food Security*						
▪ High or marginal food security	45.51	50.00	50.59	50.79	51.28	52.56
	25.64	22.44	20.00	20.63	17.95	17.95
▪ Low food security	28.85	27.56	29.41	28.57	30.77	29.49
▪ Very low food security						

a Total Waitlists

b Waitlists in HACC

* The values in the table are percentage.

Exhibit 6 details health status of the two analyzed areas. From the table, we can readily discern that surveyed assisted households suffer from various health issues. Specifically, around 26% and 15% of surveyed households in HACC had chronic and mental health issues in the baseline, which decreased by 2.5% and 0.6%, respectively, in the following year. Surveyed participants in HACC decreased alcohol and other drug problems, while participants in DHA increased such problems by about 3%. Also, physical disability and developmental disability increased in both

HACC and DHA during the period. And, domestic/partner violence or abuse increased in HACC, but decreased in DHA by 3%.

Exhibit 6 Comparison of health status between Champaign and Decatur

	HACC			Wait List ^a	Wait List ^b	DHA		
	Res' rate	2012	2013	2013	2013	Res' rate	2012	2013
Health*								
▪ Chronic health problems	98.59	26.19	23.33	20.37	25.64	98.13	12.38	14.29
▪ Alcohol or other drug problems	98.59	2.38	1.90	1.85	2.56	99.07	1.89	4.72
▪ Mental health issues	97.18	14.49	14.01	11.32	13.16	98.13	9.52	12.38
▪ Post-traumatic stress disorder (PTSD)	98.12	7.66	7.66	10.28	10.39	97.20	4.81	5.77
▪ AIDS/HIV related illness	98.12	0.00	0.00	1.87	2.60	98.13	0.95	0.00
▪ Physical disability	97.65	9.62	10.10	12.15	16.88	97.20	9.62	11.54
▪ Developmental disability	98.59	1.43	1.90	2.78	3.85	99.07	1.89	4.72
▪ Domestic/partner violence or abuse	97.18	0.00	0.97	2.83	2.60	98.13	3.81	0.95

a Total Waitlists

b Waitlists in HACC

* The values in the table are percentage.

Exhibit 7 categorizes and compares the level of social survey participant's depression, using the Center for Epidemiologic Studies Depression Scale (CES-D). The measures of CES-D differ by number of items utilized to assess depression. The total score of the 20 items ranges from 0 to 60, higher score indicating more depressive symptoms. In most studies, a score of 16 is used as a cut-off point to identify subjects with clinically relevant levels of depressive symptomatology. During baseline, about 28% and 32% of participants assisted in HACC and DHA respectively, fall into the 'Possible major depression' category. Also, around 15% of participants in both areas suffer mild to moderate depression. The assisted households that fall into the 'Possible major depression' category decreased 1% in HACC and about 8% in DHA. Also, assisted household that fall into the 'Mild to moderate' category remained the same in HACC, but increased about 2% in DHA. The proportion of assisted households, falling into 'No symptom' in both HACC and DHA improved.

Exhibit 7 Center for Epidemiologic Studies Depression Scale

	HACC		Wait List ^a	Wait List ^b	DHA	
	2012	2013	2013	2013	2012	2013
Total observations (%)	201 (94.37)		106 (98.15)	76 (97.44)	102 (95.33)	
CES-D*						
▪ No symptoms	56.72	57.71	48.11	44.74	51.96	56.86
▪ Mild to moderate	14.93	14.93	18.87	21.05	15.69	18.63
▪ Possible major depression	28.36	27.36	33.02	34.21	32.35	24.51

a Total Waitlists

b Waitlists in HACC

* The values in the table are percentage.

Exhibit 8 compares the social network of social survey participants in the two areas. Presented statistics are mean values of chosen answers, on the six-point Lubben Social Network Scale which is an equally weighted sum of these six questions. The scale ranges from 0 to 30, and a higher score indicates a greater level of social support and low risk for isolation. Specifically, overall surveyed households both in HACC and DHA showed positive responds during the period. We find that social networks increased by about 0.2 and 0.3 in both areas during the period; however, while we see the positive trend, the total scores indicate households have not reached maximum social network support.

Exhibit 8 Comparison of social network between Champaign and Decatur

	HACC			Wait List ^a	Wait List ^b	DHA		
	Res' rate	2012	2013	2013	2013	Res' rate	2012	2013
<i>Family Social Network*</i>								
▪ How many relatives do you see or hear from at least once a month	97.65	3.23	3.32	3.28	3.28	99.07	3.10	3.11
▪ How many relatives do you feel at ease with that you can talk about private matters	96.24	2.28	2.32	2.06	2.15	99.07	2.04	2.08
▪ How many relatives do you feel close to such that you could call on them for help	95.77	2.31	2.33	2.21	2.33	99.07	2.14	2.16
<i>Friendship Social Network*</i>								
▪ How many of your friends do you see or hear from at least once a month	97.18	2.26	2.27	2.15	2.12	96.26	2.11	2.10
▪ How many friends do you feel at ease with that you can talk about private matter	97.18	1.68	1.72	1.67	1.71	96.26	1.51	1.58
▪ How many friends do you feel close to such that you could call on them for help	96.71	1.66	1.61	1.59	1.69	95.33	1.44	1.58
<i>Lubben Social Network Scale</i>								
	90.14	13.22	13.42	12.95	13.28	93.46	12.42	12.70

^a Total Waitlists; ^b Waitlists in HACC

* Scale: 9 or more = 5; 5 to 8 = 4; 3 or 4 = 3; 2 = 2; 1 = 1; None = 0

The Trait Hope Scale measures participant's generic confidence in being successful at life's tasks and in solving life problems. Hope is considered to be a generic personality trait comprised of agency (belief in one's capacity to initiate and sustain actions) and pathways (belief in one's capacity to generate routes) to reach goals (Snyder, 1991). The designation of questions is in parenthesis.

Specifically, this scale consists of four items measuring agency, four items measuring pathways, and four filler items to break response sets. The 12-items used for measuring the Trait Hope Scale are reported in Exhibit 9. Participants rate each item using a 4-point scale, with 1 for ‘definitely false’ to 4 for ‘definitely true’. The range of allowable points for both Agency and Pathway are from 4 to 16. Our findings show that for HACC and DHA, total Hope Scale scores range between 11 to 12 which is 69 to 75% of the most hopeful households.

Exhibit 9 Comparison of hopefulness between Champaign and Decatur

	HACC			Wait List ^a	Wait List ^b	DHA		
	Res' rate	2012	2013	2013	2013	Res' rate	2012	2013
<i>Hope Scale</i>								
1. I can think of many ways to get out of a jam (P)	95.31	2.99	3.02	2.97	2.95	93.46	2.82	2.90
2. I energetically pursue my goals (A)	95.31	3.06	3.07	3.13	3.08	98.13	2.98	3.09
3. I feel tired most of the time	92.49	2.44	2.40	2.56	2.68	93.46	2.45	2.39
4. There are lots of ways around my problem (P)	91.55	2.68	2.69	2.59	2.57	96.26	2.66	2.67
5. I am easily downed in an argument	93.43	1.80	1.77	1.85	1.86	94.39	1.86	1.84
6. I can think of many ways to get things in life that are most important to me (P)	94.84	3.10	3.07	3.15	3.14	99.07	2.92	3.15
7. I worry about my health	95.77	2.51	2.53	2.46	2.55	96.26	2.62	2.44
8. Even when others get discouraged, I know I can find a way to solve the problem (P)	95.77	3.06	3.05	2.98	3.00	99.07	2.88	2.99
9. My past experiences have prepared me well for my future	96.24	3.12	3.17	3.22	3.19	96.26	3.06	3.11
10. I've been pretty successful in life (A)								
11. I usually find myself worrying about something (A)	95.77	2.63	2.61	2.73	2.75	95.33	2.60	2.64
12. I meet the goals I set for myself (A)	96.71	2.73	2.72	2.71	2.74	97.20	2.79	2.81
▪ Agency (A)	94.84	2.78	2.77	2.74	2.71	97.20	2.73	2.82
▪ Pathway (P)								
	91.55	11.21	11.17	11.33	11.30	92.52	11.11	11.33
	86.38	11.83	11.79	11.72	11.72	90.65	11.33	11.73

a Total Waitlists ; *b* Waitlists in HACC;

* Scale: Definitely False = 1; Mostly False = 2; Mostly True =3; Definitely True = 4

Summary of Social Survey Health, Mental Health, Social Support, and Hopefulness - In summary, we learn when we compare health between HACC and DHA (Exhibits 6 and 7), that HACC reports a much higher level of chronic health problems and mental health issues, including Post-Traumatic Stress Disorder. Regarding chronic health problems, this is similar to our qualitative data in that 64% report health issues, with obesity being the main self-reported or observed health concern, followed by high blood pressure and back pain.

When we examine mental illness, and depression in particular, with self-reports from the CES-D screening measure, as used in the general population, at baseline we find a rate for ‘no symptoms’ at 56% for HACC and 52% for DHA. In their study with homeless and low-income housed mothers, researchers (Bassuk, Buckner, Perloff & Bassuk, 1998) found their study participants’ had higher rates of major depression and substance abuse as compared to 52% of participants in the National Comorbidity Survey with no mental illness or substance abuse diagnoses.

In their National Center for Health Statistics Data Brief (2008) the Centers for Disease Control and Prevention reported depression in 2005-2006 for the U.S. general population was 5.4%. As well, in their study of major depression among a national community sample using the National Comorbidity Scale, researchers (Blazer, Kessler, McGonagle & Swartz, 1994) found the prevalence of current major depression around 4.9%, with the prevalence of major depression over the lifetime at 17.1%.

Therefore, our findings on the CES-D self-report of 28% HACC and 32% DHA in the category of ‘possible major depression’ indicate symptoms are higher for our study participants’ than the U.S. general population. These findings are similar to researchers’ (Zaslow, Hair, Dion, Ahluwalia & Sargent, 2001) study of maternal depressive symptoms with a similar population, also using the CES-D screening measure, resulting in a high prevalence, 39.5%, reporting moderate to high levels of depressive symptoms. Over time, comparing Baseline to Year 2, both HACC and DHA study participants’ symptoms improve.

In addition, we learn from survey findings that, overall, study participants’ social support networks (Exhibit 8) are increasing. While this is a positive trend, households have not yet reached their maximum social support network. This is also supported by our qualitative data with the need to acquire ‘social capital’ or, as it relates to employment self-sufficiency, mobilizing the social network to make the connection to those that would help secure a job. (Briggs, 1998). Again, case workers are encouraged to have conversations with housing participants that discuss extending, or, mobilizing, one’s social support network to include people that can facilitate increasing social capital.

Nonetheless, we are encouraged by the level of hopefulness of both study and comparison group participants, as revealed in responses to the Trait Hope Scale (Exhibit 9), which assesses a person’s belief in achieving a goal, known as ‘agency’, (similar to the concept of self-efficacy), and the person’s perception that they have in mind a strategy to achieve the goal, known as a ‘pathway’ (Snyder, Harris, Anderson, Holleran, Irving, Sigmon, . . .Harney, 1991). Hope, therefore, is a combination of an emotion and cognition, and may moderate some of the challenges faced by housing participants, including mental illness. While the scores on the Hope Scale are between 69% to 75% of the maximum possible level of hopefulness, they are congruent with the findings on the CES-D Depression Scale.

Finally, we are examining the link between unemployment and mental health status, and are preparing a scholarly paper and presentation titled, Effects of Unemployment on Mental Health: Evidence from Subsidized Housing Recipients.

We investigate the relationship of mental health and unemployment, and analyze possible initiatives to improve the mental health of subsidized housing recipients who have lost jobs or who experience various kinds of underemployment.

Our analysis utilizes a unique data set which combines information from administrative data, collected in 2012, from the Housing Authority of Champaign County and the Decatur Housing Authority, as well as data from the social survey, linked to geocoded current addresses of the assisted households. We construct three mental health related variables for depression (CES-D), anxiety (GAD), and life performance (Trait Hope), using a multi-item self-reported instrument.

Our preliminary results indicate that, in the first stage of the estimation, increasing access to job opportunities enhances the probability of employment, while increasing the number of people in a Census block with lower levels of education decreases the likelihood of being employed. Also, we find that unemployed heads of households suffer from a marked rise in depression, and a reduction in hope compared to household heads who are employed. Specifically, unemployment increases 4 points of the CES-D score, but correlates with a decrease of 1.2 points of the Trait Hope score.

Administrative Data - We are completing an application to the U.S. Department of Housing and Urban Development (HUD) for a data license to receive administrative data from the Family Report (50058) for individual information on households, excluding social security number, and including census block group data, from 2001 to present for Decatur, Bloomington, Louisville, Lexington, Lawrence/Douglas County, and Lincoln, for the purpose of strengthening our comparison analyses.

In addition, we are requesting to receive administrative data from the Family Report (50058) for individual information on households, excluding social security number, and including census block group data from 1998 to 2008 for Chicago, St. Louis, and Indianapolis, which will allow us to analyze voucher recipients who experienced demolition in 2000, 2001, 2002, and 2003.

We continue to receive regular, quarterly updates of administrative data from HACC, and annual updates of administrative data from DHA.

Conclusion - In conclusion, we are following our evaluation design which uses a mixture of methods, both quantitative and qualitative to assess the impacts of participating in the Moving to Work program on the self-sufficiency of program participants and their households. In this report we have described the status of our data collection and data analyses, and have pointed out some of the key findings. Our results present a more complete picture of the realities of the lives and situations of the MTW program participants in Champaign County, including the frequent experience of significant loss during childhood and young adult years, as well as high levels of prevalence of depression and food insecurity compared to the general population. However, these elevated levels for variables such as depression are similar to those observed in other low income populations in the United States. We intend to examine the relationship between variables such as depression and other health and social support variables and the trajectory of participating households in terms of variables related to self-sufficiency, namely employment, earnings, skills attainment and education. Going forward we plan to continue to address the data and statistical concerns listed in this report that may affect the ability of the evaluation to identify program impacts over time, such as attrition and the presence of suitable comparison data from other similar housing authorities and communities. Furthermore, we will continue to analyze the multiple sources of data we have concerning the program to track program participation and impact on the MTW participants.

In terms of recommendations and relevance of our 2013 evaluation results for the implementation of the HACC MTW program, several implications appear. Given the levels of both disability and mental health issues, including depression, that present themselves in our data from MTW participants, the issue of waivers and determinations of waivers arises. We will be documenting any policies or procedures the HACC has and develops to determine hardship cases or waivers of program requirements. Second, some assessment of community resources for persons dealing with depression symptoms or other health issues may be necessary. Third, we will track changes in reported mental health variables, such as the CES-D scale, over time among the MTW Program participants in Champaign County. We are especially interested in examining the link between skills, educational attainment, increase in employment and income and the levels of these quality of life and mental health variables.

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**MOVING TO WORK
CERTIFICATION OF COMPLIANCE WITH STATUTORY REQUIREMENTS**

The Housing Authority of Champaign County hereby certifies that it has met the three statutory requirements under the Moving To Work Demonstration Program:

1. At least 75% of the families assisted by HACC are very low income families;
2. HACC has continued to assist substantially the same total number of eligible low income families as would have been served had the amounts of funding under the MTW Block Grant funding flexibility not been combined; and,
3. HACC has maintained a comparable mix of families served as would have been served had the MTW Block Grant funding not been used under the demonstration.

Executed this 28th day of March, 2014.

HOUSING AUTHORITY OF CHAMPAIGN COUNTY, ILLINOIS

By: Edward Bland

Title: Executive Director

Signature: _____

